

PROCUREMENT NOTICE



STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES

CONNECTICUT MEDICAID ENTERPRISE TECHNOLOGY SYSTEM
ORGANIZATIONAL CHANGE MANAGEMENT

Request for Proposals

CT METS OCM RFP 12/21/2018





The Department of Social Services (Department/DSS) requests proposals from qualified vendors to complete an Organizational Change Management (OCM) assessment and implementation plan to work in concert with Connecticut's Medicaid Management Information Systems (MMIS) replacement project, a modularized multi-year, multi-vendor procurement effort that will comply with Centers for Medicare and Medicaid Services guidance within the Medicaid Information Technology Architecture (MITA) framework. The OCM services must be fully compliant with the RFP requirements, as well as state and federal regulations.

Purpose: The intent of this RFP is to select a vendor for a Personal Service Agreement (PSA) to perform Organizational Change Management (OCM) services related to all aspects of the Connecticut Medicaid Enterprise Technology System (CT METS) program for Connecticut's State Medicaid Agency. Because it is a collection of several projects involving the coordination of procurement, design, development, and implementation efforts, CT METS is a "program" with several subtending projects, including the OCM project. CT METS may also be called a "project," most often where requirements are written in standard language from the Centers for Medicare and Medicaid Services (CMS), and the terms "program" and "project" may be used interchangeably when referring to CT METS.

Qualifications: The Department seeks proposals from vendors meeting the following qualifications:

- Experience with Organizational Change Management for major technology initiatives with references for work accomplished
- Experience with Medicaid, Department of Health and Human Services (HHS), or Healthcare IT programs and technology projects with references for work accomplished
- Key or Lead OCM staff with education and/or years of experience which qualify them for the proposed positions
- The ability to build a team to fulfill both OCM and technical roles for the staffing requirements listed in this document, and demonstrate that the proposed team is highly skilled and experienced to complement each other's talents, minimize project risk, and work cohesively with the CT METS program to address OCM and Medicaid/HHS/Healthcare IT programmatic functions

Executive Summary. In Technical Proposal Section A.3 of its submission, Respondents must include a high-level summary, not exceeding four (4) pages, of the main proposal. This component of the proposal should demonstrate the Respondent's understanding of the requirements in this RFP and show how the Respondent will meet these requirements. The Executive Summary should also describe any problems anticipated in meeting these requirements and how the Respondent will address these anticipated problems.

Minimum Submission Qualifications Requirements. Respondents must include the Executive Summary response, immediately above, as well as a response to the minimum submission responses below:

- Experience with Organizational Change Management for major technology initiatives with references for work accomplished
- Experience with Medicaid, HHS, or Healthcare IT programs and technology projects with references for work accomplished
- Key or Lead OCM vendor staff with education and/or years of experience which qualify them for the proposed positions
- The ability to build a team to fulfill both OCM and technical roles for the staffing requirements listed in this document, and demonstrate that the proposed team is highly skilled and experienced to complement each other's talents, minimize project risk, and work cohesively with the CT METS program to address OCM and Medicaid/HHS/Healthcare IT programmatic functions

Respondents that propose the use of subcontractor(s) shall present the required information about the proposed subcontractor(s), where noted in the RFP. Use of subcontractor(s) is subject to the



approval of the Department of Social Services. NOTE: prime contractor is responsible for contract performance, whether or not subcontractors are used.

Contract Term: The Department of Social Services is requesting proposals for OCM tasks for the resultant contract period of **August 15, 2019 through August 14, 2021 (tentative)**. The resultant contract period is a two (2) year contract with the option for two - one (1) year extensions, at the discretion of the Department.

Proposal Due Date and Time: The Official Contact or designee of the Official Contact is the only authorized recipient of proposals submitted in response to this RFP. Proposals must be received by the Official Contact or designee of the Official Contact on or before the due date and time:

Proposals received after the stated due date and time may be accepted by the Department as a clerical function, but will not be evaluated. Those proposals that are not evaluated can be picked up by the Respondent after notification from the Official Contact or shall be retained for thirty days after the resultant contracts are executed, after which time the proposals will be destroyed.

Procurement Schedule: Dates after the due date for proposals ("Proposals Due") are target dates only (*). The Department may amend the schedule, as needed. Any change will be made by means of an addendum to this RFP and will be posted on the State Contracting Portal and the Department's RFP Web Page. Note: A Letter of Intent is not required.

- RFP Released: December 21, 2018
- Proposals Due: February 26, 2019, 2:00 PM EST
- Deadline for Questions: January 4, 2019, 2:00 PM EST
- Answers Released: January 11, 2019
- Start of Contract*: August 15, 2019 (tentative)

RFP Information: The RFP, addenda to the RFP, and other information associated with this procurement are available in electronic format from the Official Contact or from the Internet at the following locations:

- Department's RFP Web Page: <https://portal.ct.gov/DSS/Fiscal/Request-For-Proposals---Quotations---Applications/Request-For-Proposals---Quotations---Applications>
- State Contracting Portal <http://das.ct.gov/cr1.aspx?page=12>
- Printed copies of all documents are also available from the Official Contact, upon request.

Marcia McDonough
State of Connecticut Department of Social Services
Contract Administration
55 Farmington Ave.
Hartford, CT 06105-3730
Telephone: 860-424-5214

E-mail: marcia.mcdonough@ct.gov and DSS.Procurement@ct.gov

The Department has designated the individual above as the Official Contact for purposes of this RFP. The Official Contact is the only authorized contact for this procurement and, as such, handles all related communications on behalf of the Department. Respondents, prospective Respondents, and other interested parties are advised that any communication with any other Department employee(s) (including appointed officials) or personnel under contract to the Department about this RFP is strictly prohibited. Respondents or Prospective Respondents who violate this instruction may risk disqualification from further consideration. Please ensure that e-mail screening software (if used) recognizes and accepts e-mails from the Official Contact.

The Department is an Equal Opportunity/Affirmative Action Employer. Persons who are deaf or hard of hearing and have a TTD/TTY device can contact DSS at 1-800-842-4524. Persons, who are blind or visually impaired, can contact DSS at 1-860-424-5040.



The Department reserves the right to reject any and all proposals or cancel this procurement at any time if it is deemed in the best interest of the State of Connecticut (State). It is strongly recommended that any Respondent or prospective Respondent interested in this procurement subscribe to receive e-mail alerts from the State Contracting Portal. Subscribers will receive a daily e-mail announcing procurements and addenda that are posted on the portal. This service is provided as a courtesy to assist in monitoring activities associated with State procurements, including this RFP.



Table of Contents

Preface	6
1. State Procurement Objectives	7
a. State Vision - DSS Background and Introduction to CT METS Program.....	7
b. Business Objectives.....	10
2. Technology Standards.....	15
a. CMS Requirements	15
b. State Technology Standards	17
3. Scope of Work	17
Task 1 – OCM Engagement	17
Task 2 – Assessment and Implementation of Re-organization Plan	18
Task 3 – Leadership Planning and Stakeholder Engagement:.....	22
Task 4 – Change Management and Communication Plan	23
Task 5 – Training Plan	24
Task 6 – Value-Added Options	25
4. Cost Model and Budgeting Specifications	25
5. Project Management and Governance	26
6. Key Personnel.....	27
7. Project Performance Standards.....	30
I. Acceptance of Deliverables	30
II. Privacy and Security	31
III. Logistics.....	31
8. Contract Standards.....	31
9. State Procurement Process.....	31
I. General Information	31
II. Mandatory Provisions	39
III. PROPOSAL OUTLINE	47
Appendices	60
I. Appendix A, Worksheet 1 – Commodity or Service Cost Worksheet.....	60
II. Appendix A, Worksheet 2 – Proposed Staffing – Hours and Cost.....	61
III. Appendix B - Cover Sheet - CT METS OCM RFP	62
IV. Appendix C - Subcontractor Profile	63
V. Appendix D - Medicaid Management Information System Advanced Planning Document (MMIS APD) Template 2018	64
VI. Appendix E, Abbreviations/Acronyms/Definitions	65



Preface

The State of Connecticut Department of Social Services (DSS) is issuing this Request for Proposals (RFP) to select a vendor for a Personal Service Agreement (PSA) to perform Organizational Change Management (OCM) services related to all aspects of the Connecticut Medicaid Enterprise Technology System (CT METS) program for Connecticut's State Medicaid Agency. As a collection of several projects involving the coordination of procurement, design, development, and implementation efforts, CT METS is a "program" with several subtending projects, including the OCM project. CT METS may also be called a "project," most often where requirements are written in standard language from the Centers for Medicare and Medicaid Services (CMS), and the terms "program" and "project" may be used interchangeably when referring to CT METS.

The State is seeking a contractor, i.e., Respondent, vendor, partner, or service provider, with the depth of experience and resources needed to initiate support for assessment and implementation of a re-organization plan, leadership planning and stakeholder engagement, communications planning, and training planning for a diverse, multi-vendor, multi-year, and highly complex program. The selected contractor is expected to have extensive prior experience with project management, business, and technology aspects of a program of this type. The contractor will work as a collaborative partner with DSS and its contracted vendors in support of the Department's efforts to replace its current Medicaid Management Information Systems (MMIS) and achieve certification per the Medicaid Enterprise Certification Lifecycle (MECL), Medicaid Enterprise Certification Toolkit (MECT) Checklist, and other guiding CMS documentation.

DSS is seeking responses from vendors with OCM expertise, project management expertise, and relevant experience performing project work for Medicaid systems. The selected OCM vendor will be offered the right to negotiate and execute a PSA contract for these services. The awarded OCM vendor, including any of their subsidiaries or subcontractors, is excluded from competing in procurements to provide CT METS services for Systems Integrator (SI) and Independent Verification and Validation (IV&V).

Figure 1: Contract Award Exclusions

Module/Service	SI	IVV	OCM	QA	EDW	CAM	PRM	CLM	PHM	TPL	PI	FCM
Systems Integrator (SI)	Open	Closed	Closed	Closed	Closed	Closed	Closed	Closed	Closed	Closed	Closed	Closed
Independent Verification & Validation (IVV)	Closed	Open	Closed	Closed	Closed	Closed	Closed	Closed	Closed	Closed	Closed	Closed
Organizational Change Management (OCM)	Closed	Closed	Open	Open	Open	Open	Open	Open	Open	Open	Open	Open
Testing Vendor	Closed	Closed	Open	Open	Closed	Closed	Closed	Closed	Closed	Closed	Closed	Closed
Enterprise Data Warehouse (EDW)	Closed	Closed	Open	Closed	Open	Open	Open	Open	Open	Open	Open	Open
Care Management (CAM)	Closed	Closed	Open	Closed	Open	Open	Open	Open	Open	Open	Open	Open
Provider Management (PRM)	Closed	Closed	Open	Closed	Open	Open	Open	Open	Open	Open	Open	Open
Claims Management (CLM)	Closed	Closed	Open	Closed	Open	Open	Open	Open	Open	Open	Open	Open
Pharmacy Management (PHM)	Closed	Closed	Open	Closed	Open	Open	Open	Open	Open	Open	Open	Open
Third Party Liability (TPL)	Closed	Closed	Open	Closed	Open	Open	Open	Open	Open	Open	Open	Open
Program Integrity (PI)	Closed	Closed	Open	Closed	Open	Open	Open	Open	Open	Open	Open	Open
Financial and Contract Management (FCM)	Closed	Closed	Open	Closed	Open	Open	Open	Open	Open	Open	Open	Open

Legend:

Open = Awarded vendors are not excluded from bidding on these modules within the CT METS program

Closed = Awarded vendors are excluded from bidding on these modules within the CT METS program



1. State Procurement Objectives

a. State Vision - DSS Background and Introduction to CT METS Program

Consistent with federal and state policies, DSS works in partnership with various stakeholders across the healthcare delivery system to ensure that eligible Connecticut residents receive the support and services necessary to promote self-sufficiency, improved well-being, and positive health outcomes.

DSS delivers and funds a wide range of programs and services as Connecticut's multi-faceted health and human services agency. DSS serves about 1 million residents of all ages in all 169 Connecticut cities and towns. DSS supports the basic needs of children, families, older and other adults, including persons with disabilities through 12 field offices, central administration, and online and phone access options by approximately 1,700 dedicated staff.

Connecticut Medicaid, along with the Children's Health Insurance Program (CHIP), is called HUSKY Health, and provides comprehensive health insurance coverage to over 800,000 residents. Coverage includes both preventative and acute care, hospital-based services, and long-term services and supports to a wide variety of individuals and families. The figure below depicts broad eligibility categories supported by the program.

Eligibility Category	Description
HUSKY A	Adults with incomes of up to 155% of Federal Poverty Level (FPL) Pregnant women with incomes of up to 263% of FPL Children with incomes of up to 201% of FPL
HUSKY B (CHIP)	Children with household incomes between 201% and 323% of FPL
HUSKY C	Older adults, individuals with disabilities, and refugees with incomes up to approximately 52% of FPL; waiver programs have higher thresholds
HUSKY D (ACA Expansion)	Eligible adults age 19-64 with incomes up to 138% of FPL

Figure 2: Connecticut HUSKY Health Eligibility Categories

HUSKY Health is also extended to "medically needy" individuals (those meeting spend down deductible provisions), and limited coverage for Medicare-covered services or Medicare premiums under Medicare Savings Program (MSP) categories. In addition, limited benefit programs are offered for individuals with tuberculosis diagnoses, and for family planning-related services.

Except for limited benefit programs and MSPs, mandatory Medicaid State Plan services are made available to all members. Optional services are also available, including dental (annual benefit limit applies for adults), physical and occupational therapy, optometry, and speech, hearing and language disorder services. In addition, the State provides State Plan services under Community First Choice, the option under Sec. 1915(k) of the Social Security Act to provide home and community-based services and support.

The State also operates several Medicaid waiver programs, including Home and Community Based Waivers (Connecticut Home Care Program for Elders; Personal Care Attendant; Katie Beckett) as well as other waiver programs such as Acquired Brain Injury (ABI I/II), Autism, Mental Health, and waivers for persons with intellectual disabilities (Comprehensive Supports, Individual and Family Supports, Employment and Day Supports). Several of these programs feature services delivered through other



state agencies, including the Department of Developmental Services (DDS) and Department of Mental Health and Addiction Services (DMHAS).

Since January 2018, most non-emergency medical transportation (NEMT) services are made available through an at-risk arrangement with a transportation services contractor, Total Transit, Inc. Prior to that date, these services were provided through another type of vendor contract.

As of July 2018, there were 49,986 individual and organizational providers actively enrolled in the Medicaid program. Of this number, 13,592 were eligible to bill for services directly; the balance includes individual providers who perform services, but who bill through another provider entity such as a physician group practice, clinic, or hospital.

Connecticut has adopted a self-insured, managed fee-for-service approach for most Medicaid service delivery. In support of achieving better health and care experience outcomes for members and engagement with Medicaid providers, the Department of Social Services has contracts with Administrative Service Organizations (ASOs) for each of three major service types:

1. Medical, under contract with Community Health Network of Connecticut (CHNCT);
2. Behavioral Health, contracted to Beacon Health Options, Inc.;
3. and Dental, contracted to BeneCare Dental Plans.

The ASOs provide an array of services, including care coordination, utilization management, disease management, assorted member services, (e.g., call centers, provider referrals), grievance procedures, and provider network management and credentialing support. The medical ASO also supports intensive care management and Person-Centered Medical Home (PCMH) initiatives.

The ASOs interact with DXC Technology Services, LLC (DXC), the State's fiscal agent contractor for core MMIS services. In addition to core claims processing services and provider payments, DXC provides the following services: call centers (provider, limited assistance for members); provider relations; provider enrollment; Electronic Data Interchange (EDI) support; provider training; provider communications (e.g., provider newsletters and bulletins); Pharmacy Benefit Management services (including processing of pharmacy claims, prospective and retrospective drug utilization review, prior authorization, preferred drug list, step therapy, pharmacy call center, etc.), e-prescribing support, and drug rebate processing. In addition, an Electronic Visit Verification (EVV) system was put in place in 2016 via a subcontractor, beginning with home health services. Over time, various waiver services have been brought under EVV, which verifies provision of in-home services and links such services directly with claims processing.

Highlights of processing volume for the most recent State Fiscal Year (July 2017 – June 2018) are below:

- 21.8 million pharmacy claims processed
- 31.3 million non-pharmacy electronic claims processed
- 36 million electronic eligibility transactions (42,574 via automated voice response) processed
- 4.9 million medication histories processed through the e-Prescribing application
- Over 135,000 documents received, scanned, and processed
- Over 314,000 calls answered by the DXC call centers
- Over 18,800 providers enrolled or re-enrolled

DXC also operates a data warehouse under a separate contract with DSS. The MMIS is the predominant data source for the warehouse. Medicaid stakeholders include, but are not limited to, Medicaid members (beneficiaries), providers, third-party contractors, community/state/federal agencies, information exchanges, legislators/regulators/general public, DSS staff and employees of other health and human services agencies in CT state government, and senior CT government officials - such as the Governor's Office and Office of Policy & Management.

DSS completed a Medicaid Information Technology Architecture (MITA) 3.0 State Self-Assessment (SS-A) to assess the Connecticut Medicaid Enterprise (CME) in accordance with CMS guidance. The intent of the SS-A was to determine the best course of action to transform Connecticut Medicaid to a MITA-aligned enterprise, the CT METS program.



The reports from Connecticut's MITA 3.0 State Self-Assessment, including the Business Architecture, Information Architecture, Technical Architecture, Seven Conditions and Standards, MITA Concept of Operations, MITA Roadmap, and other artifacts, were completed in May 2017. These reports are available to contractors in the bidders' library at: <https://portal.ct.gov/DSS/CT-METS/Connecticut-Medicaid-Enterprise-Technology-System-CT-METS-Project/Bidders-library>

To follow the MITA Roadmap and comply with CMS guidance to retain eligibility for federal funding, the following procurements and modules are expected to be implemented as part of CT METS:

- Independent Verification & Validation (IV&V)
- Systems Integrator (SI)
- Enterprise Data Warehouse
- Testing (Quality Assurance/Quality Control)
- Care Management
- Provider Management
- Claims Management
- Pharmacy Benefits Management
- Third Party Liability
- Program Integrity
- Financial and Contract Management

The modules are depicted in the To-Be Conceptual Model drawing in the Technology Standards - CMS Requirements found in Figure 6.

The vision of the MITA Roadmap is to positively impact Medicaid members, providers, workers, and communities. The To-Be Environment is designed to improve outcomes with automated processes facilitating self-service functions and better access to data to inform decision making - both through electronic health records for individuals and analytics for health populations. Ideally, stakeholders' roles will change; for example, technology in provider and community organizations will be simplified so providers can focus on members' care instead of paperwork; and taxpayers will get better value for each dollar spent to serve vulnerable populations.

For Medicaid service employees, the project implementation will yield positive benefits in the long run, but may be perceived as an additional burden during the transformation period. It will be critical to the success of the project to launch an Organizational Change Management (OCM) initiative in the early stages of the project to demonstrate to employees and other stakeholders the business-based decision making and strong leadership support that will be present throughout the change period. OCM will map existing Medicaid and Non-Medicaid business processes using the latest available versions of national frameworks, such as MITA, National Human Services Interoperability Architecture (NHSIA), and Substance Abuse and Mental Health Services Administration (SAMHSA), to facilitate process, organizational, and technical improvements. Among tasks included for OCM are roles and skills assessment, organizational readiness assessment and analysis, change management engagement activities, development of a style guide, process alignment to national standards, identification of training needs for multiple audience groups based upon roles and responsibilities, stakeholder analysis, communication development, readiness and implementation plan, and governance/structural recommendations across multiple organizations. The OCM vendor will map As-Is and To-Be roles, which support module vendor processes, and then propose supporting organizational changes. Also, the vendor will identify gaps in knowledge and training requirements, and facilitate resulting change strategies. The OCM vendor will produce training materials inclusive of trainer manuals, student manuals, job aides, web-based training and other materials to facilitate learning. The OCM vendor will utilize versioning criteria, a change management platform, and/or other software applications that are accessible to end users to track activities, deliverables, business process mapping, training materials, user guides, and communications. The OCM initiative will begin in the midst of several concurrent efforts that are tightly aligned:



- Commencement of procurement activities for new technology
- Identification of partners to perform Systems Integration and Independent Verification & Validation functions
- Selection of new organization structure and placement of employees within the To-Be organization
- Engagement of stakeholders to understand and support the transformation
- Establishment of timeline for personnel changes relative to technology implementation and funding availability
- Establishment of a training plan to provide end-user training that is unique by role

While it is possible to rely on partners' support and draw on best practices and experiences in other states for transforming technology and structure, the stakeholder aspect of the plan is unique to Connecticut. For the leadership team, the OCM effort will result in a sustained communication project, similar to the planning effort DSS has undertaken to finish the statewide implementation of the new eligibility system, ImpaCT (see Figure 6 : To-Be Conceptual Model) for more about the ImpaCT system).

The importance of communications to employees and other stakeholders cannot be overstated. The success of any project may be challenged by resistance to change (relying on older technology and familiar operations), misunderstanding of systems, and contributors withholding information. These challenges can be mitigated by proactively gaining stakeholder acceptance and cooperation from the beginning. DSS's vision is to utilize a communications plan to build awareness of potential changes and benefits, so the effort will gain and maintain buy-in for the project, reaching as many stakeholders as possible using multiple forms of communication, including newsletters, internet and intranet, face-to-face meetings, surveys, workshops, training sessions, e-mail, electronic signage, and print media.

The purpose of this RFP is to select professional services from a qualified vendor to complete an Organizational Change Management assessment and implementation plan to work in concert with Connecticut's MMIS replacement project, a modularized multi-year, multi-vendor procurement effort that complies with CMS guidance within the MITA framework. The OCM services must be fully compliant with the requirements of this RFP, as well as state and federal regulations.

b. Business Objectives

DSS engaged in a strategic planning exercise in 2017 to update the agency mission and goals. DSS leadership created the initial work during facilitated sessions, and it was subsequently enhanced with feedback from DSS managers. Each division in DSS has developed objectives for their program work to support the agency's overall strategic goals.

DSS Mission:

DSS, along with our partners, provides person-centered programs and services to enhance the well-being of individuals, families, and communities.

DSS Agency Goals:

- Drive decision-making, collaboration, and service coordination through enhanced use of data to improve services
- Instill public trust by continuously improving the way we administer programs, manage our resources, and operate our infrastructure
- Improve access to health and human services to enable our customers to gain independence, enhance health, and achieve well being

There is a clear and thoughtful progression between the DSS agency Mission and Goals, and the CT METS Program Goals, Objectives, and example Strategies. The modularization planned under the CT METS program is anticipated to achieve the following:

Goal 1 – Person-centered service delivery

Objective 1 - Advance unified, team-based care management capability



Strategy: Solutions shall support cross-system communication and interoperability, facilitated through Business Process Modeling; targeting enhanced secure data exchange and system integration between the primary systems, including MMIS modules, ASOs, waiver programs, ICM services, contractors, and long-term service support; providing real-time comprehensive member profiles; identifying care plans, case management, assessments, and treatment authorizations.

Objective 2 - Present a unified web-based portal for members integrating information from multiple member ports for easy and secure access to up-to-date information

Strategy: Solutions shall support multiple platforms for member engagement (computer, tablet, mobile technology) and will support user experience (UX) standards with seamless look and feel for all forms of member online interaction, including, but not limited to, access to program applications and other self-service eligibility functions, and personal health records (PHRs).

Goal 2 – Improved support for providers of services to Medicaid members

Objective 1 – Present a unified web-based provider portal integrating information and functions from multiple existing provider and provider-related portals and information sources, and increase automation

Strategy: In addition to integration, solution shall feature enhanced online support of the provider enrollment/credentialing process (e.g., electronic interfaces for license verification, board certification, DEA), reducing existing manual processes.

Objective 2 – Streamline Prior Authorization Solution

Strategy: Solution shall present a single web-based Prior Authorization (PA) solution incorporating data and functions from multiple PA portals for different PA types.

Objective 3 – Assist Providers in increasing positive performance results

Strategy: Solution will provide enhanced analytics and timely and proximate practice support capabilities that will be used to collaborate with providers.

Objective 4 – Provide the capability for both Medicaid-enrolled and other service providers to be supported by the solution

Strategy: The solution shall include functionality and access data to support providers who are associated with other programs and may or may not be Medicaid-enrolled.

Goal 3 – Strengthened Program Integrity, Financial, and Contract Management functions

Objective 1 – Enhance fraud and abuse detection capabilities

Strategy: Acquire and implement advanced data analytics as part of enhanced fraud and abuse detection tools for identifying inappropriate claim payments and overpayments.

Objective 2 – Advance financial reporting capabilities resulting in a decrease in the time required to create CMS 37 and 64 reports

Strategy: The integrated solution will support improvements in the creation of consolidated financial data and increased communication capabilities with other financial entities involved in the creation of reports.

Objective 3 – Improve and expand contract management capabilities resulting in a comprehensive view of the Medicaid universe of contracts and establish contract management practices consistent with managing multiple vendor relationships



Strategy: Solutions will support expanded capabilities and tools for managing contracts with automated workflows, alerts, and consolidated Medicaid contract data including a consolidated repository for Medicaid contracts.

Goal 4 – Transformed tools and technology to support efficiency and improved analytic capabilities

Objective 1 – Increase automation of manual processes resulting in enhanced staff efficiency

Strategy: Conversion of existing manual processes will enable redeployment of current operations staff to other tasks.

Objective 2 – Advance and expand Medicaid program key performance indicators

Strategy: Solutions will provide the mechanisms to increase enterprise-wide key performance indicators.

Objective 3 – Deploy analytic tools to effectively direct resources

Strategy: Analytic solutions shall include a predictive modeling feature to facilitate direction of financial and other resources to individuals to most effectively meet their needs.

Goal 5 – Timely and cost-effective support for reform initiatives and program evolution

Objective 1 – Implement advanced analytic capabilities to perform targeted “what if” queries resulting in reduced time developing new policies

Strategy: New solutions will bring availability of enhanced analytics and improved scope of data that will facilitate modification of parameters such as provider rates, utilization, or other variables.

Objective 2 – Apply emerging technologies to support program innovation

Strategy: Modular design of the new system will facilitate proactive monitoring of technology innovations and application/implementation of solutions as they become available in the market.

Goal 6 – Modernized technical platform that conforms with all CMS standards

Objective 1 – Implement modular solutions that meet current standards and can be more easily modified for evolving industry standards

Strategy: CT METS will adhere to the guidance detailed in the State Medicaid Directors’ Letter 16-010 for modularity. The letter indicates, “States are required to follow the modularity principles in their development of new or replacement MMIS and E&E modules. The requirement for modular approaches applies to all systems that are eligible for enhanced match within the Medicaid IT enterprise.”

Goal 7 – Maximized use of federally supported technology to improve operations

Objective 1 – Target reuse of federally certified module solutions that are being implemented within the national landscape, reducing development tasks and costs

Strategy: Meeting the CMS standard of leverage, as detailed in State Medicaid Directors’ Letter 18-005, will allow reuse of technologies, avoiding the cost of redundant development both within Connecticut as well as sharing with other states.

Objective 2 – Target the interoperability standard to reduce development and implementation time after the system is fully operational



Strategy: Meeting the CMS criteria for interoperability with standard, published APIs will enable the exchange and use of information between agencies, Health Information Exchanges, Public Health/HSS agencies, and other entities.

Objective 3 – Develop integrated operations solutions that will be utilized by multiple agencies and partners

Strategy: The development of the modular system encompassing multiple organizations and functions beyond the existing core MMIS will support improved and more sustainable operations.

The CT METS project planning is being conducted in multiple stages as depicted below. The initial project planning was funded by the Planning Advanced Planning Document (PAPD) and has been underway since 2017 to develop the Technical and Data Management Strategies, the MMIS Concept of Operation, and the initial requirements for the IV&V, OCM, and SI vendors.

The following stage, funded via an Implementation Advanced Planning Document (IAPD), focuses on the project staffing ramp-up and foundational procurement of the three vendors covering a period of 2 years (estimated to start late 2018 or early 2019). This stage will feature the SI vendor assessing DSS and CMS needs and requirements to develop the project roadmap which may differ from the 2017 MITA roadmap according to the SI's recommendations.

The last stage, funded by IAPD Updates (IAPDU), will execute the plans recommended by the SI vendor for the design, development, and implementation (DDI) of the CT METS modules and functions. The non-foundational (module) procurements are planned to begin in 2020. The number and order of the modules is subject to change depending on the SI recommendations.

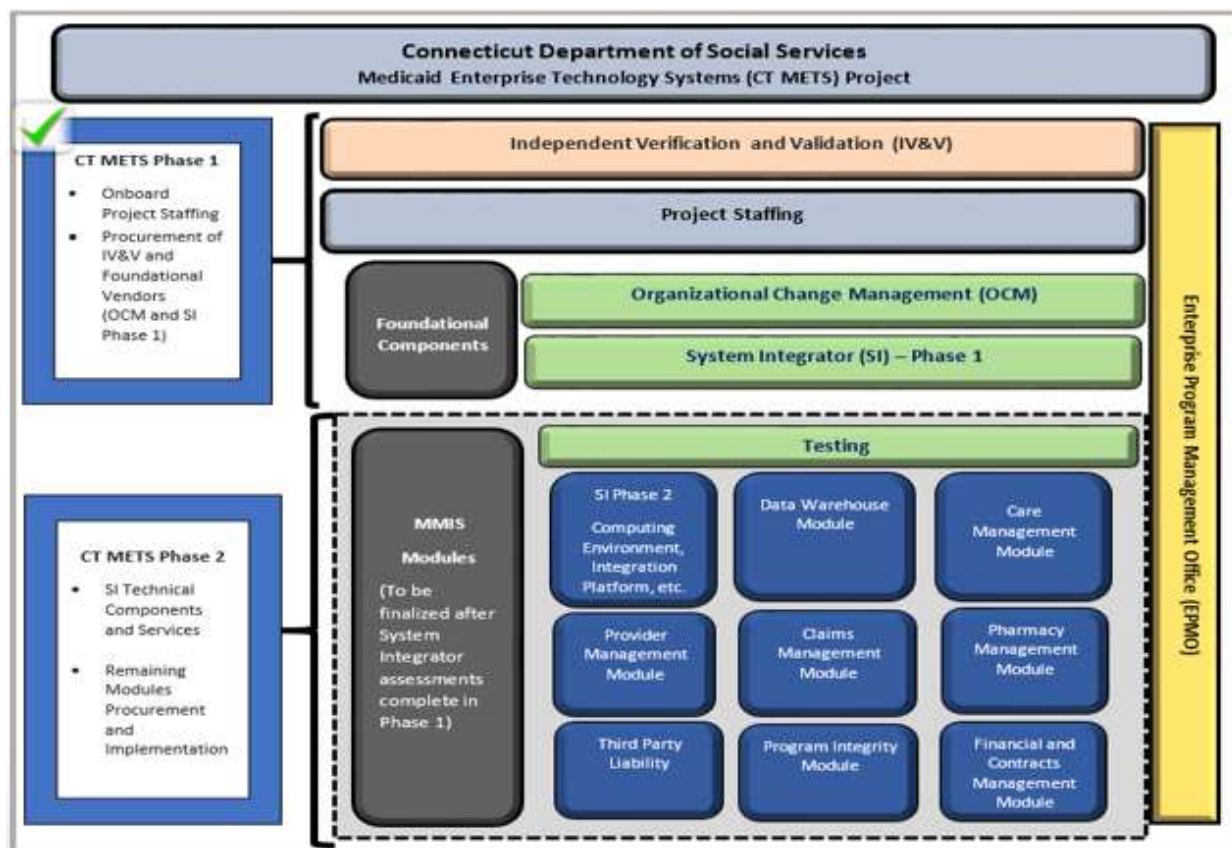


Figure 3: CT METS Phased Approach



The tentative timeline for CT METS is shown below:

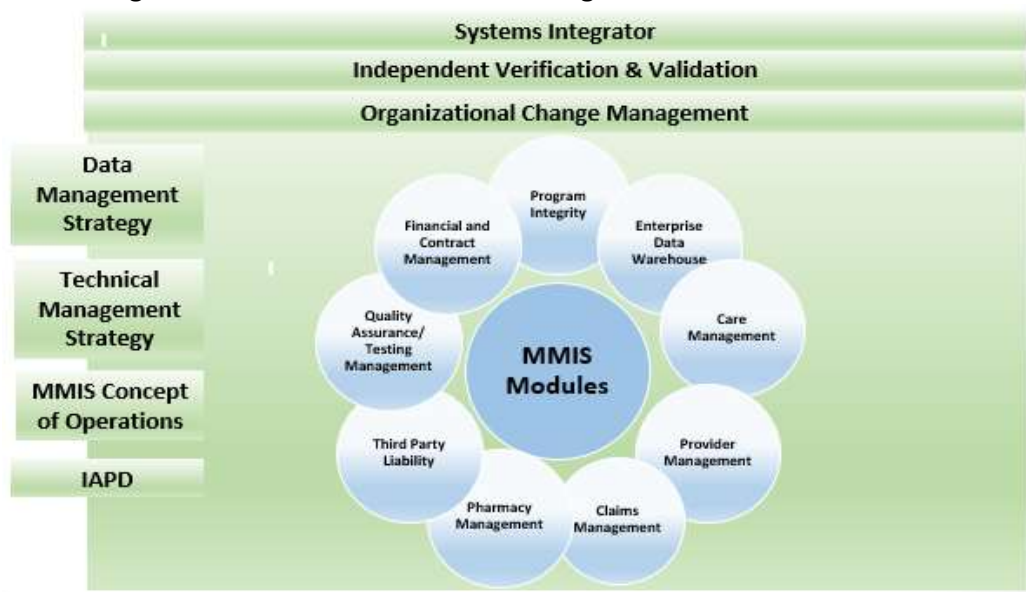
Figure 4: CT METS Procurement and Activity Timeline

		2018			2019				2020				2021				2022				2023				2024				2025						
		FFY 2018			FFY 2019				FFY 2020				FFY 2021				FFY 2022				FFY 2023				FFY 2024				FFY 2025						
		Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3				
CT METS Phase 1	Program Mgmt	Execution												Execution																					
	IV&V	Procurement						Execution				Execution																							
	OCM	Procurement						Phase 1				Phase 2																							
	SI	Procurement						Phase 1				Phase 2																Certification							
CT METS Phase 2	Program Management													Execution																					
	IV&V													Execution																					
	OCM													Phase 2																					
	SI Phase 2 - Infrastructure and Integration													Phase 2																Certification					
	Testing Vendor													Procurement		Tools & Plan		Execution																	
	EDW/DSS													Procurement				DDI				Certification													
	Care Management													Procurement				DDI				Certification													
	Provider Management													Procurement				DDI				Certification													
	Claims Processing													Procurement				DDI				Certification													
	Pharmacy Benefits Management													Procurement				DDI				Certification													
	Third Party Liability													Procurement				DDI				Certification													
	Program Integrity													Procurement				DDI				Certification													
	Financial / Contract Management													Procurement				DDI				Certification													

Any contract resulting from the OCM RFP is expected to extend approximately 24 months from the contract execution date that occurs following any required CMS approval. Dates provided in this RFP are estimates only. The current project plan anticipates that OCM contract work will commence in 2019, with possible extensions of the contract end date at the State's discretion. The OCM tasks defined below in section **3. Scope of Work** are to be executed on simultaneous tracks rather than consecutively.

The graphic below depicts the CT METS modules with the overarching state strategies on the left-hand side and the implementation project support partners across the top.

Figure 5: CT METS Modules with Strategies and Foundation Partners



DSS's goal for OCM is to create a foundation for member-centric care by building process oriented structures. Objectives are to:

- Support implementation of governance processes for the To-Be technical environment that cover modular services and service oriented architecture



- Gain DSS leadership support for foundational change
- Engage Medicaid stakeholders for transition
- Define business processes and expected outcomes using national frameworks
- Use technology to support the business process, not to define the organization
- Capitalize on data exchange and analysis to identify social determinants of health, tailor care plans to individual's needs and communities' capability to support, develop quality strategies to address public health concerns, and consider appropriate costs for care

2. Technology Standards

a. CMS Requirements

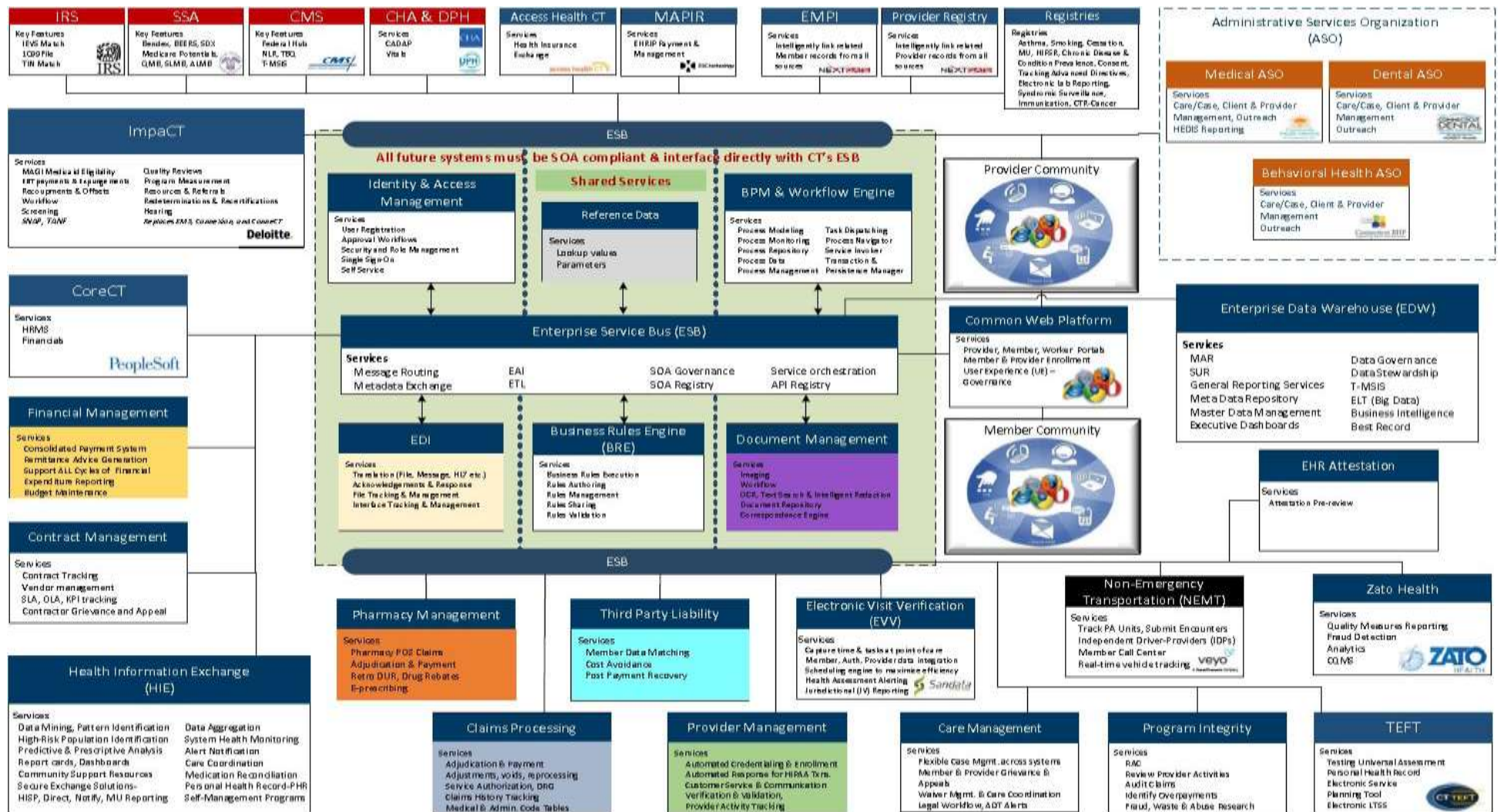
CMS requires states to understand and align technology procurements with the Standards and Conditions for Medicaid IT. Although OCM is not a technology procurement, DSS and the OCM vendor must understand CT METS program's technological requirements that will be supported by organizational change. Bidders will agree to comply with the Standards and Conditions as part of the Code of Federal Regulations (CFR) and the State Medicaid Manual (SMM) citations found under section E. Statutory and Regulatory Compliance, number 8: [Program Information](#).

MITA requires states to formally map business processes using tools such as Business Process Model and Notation 2.0 (BPMN) and Business Process Execution Language (BPEL). This helps decrease system implementation time and facilitates metrics and process improvements. CT defined 78 of the 80 MITA processes during their assessment. As part of the To-Be Conceptual Model for the project shown below, the new system will be in full alignment with the CMS Standards and Conditions for Medicaid IT and will feature:

- An Enterprise Service Bus with a business rules engine, workflow, and standardized electronic data interfaces
- A common web platform for portals used by Medicaid members, providers, and workers with Identity & Access Management functions
- Consolidated services, such as call centers, document management, enterprise data warehouse, and registries



Figure 6: To-Be Conceptual Model



b. State Technology Standards

The current MMIS known as interChange has been under contract with DXC, formerly Hewlett Packard Enterprises (HPE), since 2005. The new system will continue to use the recently implemented eligibility system, ImpaCT, and the contracted services of the Administrative Service Organizations:

- Medical Coverage – Community Health Network of CT (CHNCT)
- Behavioral Coverage – Beacon Health Options, Inc.
- Dental Coverage – BeneCare Dental Plans

DSS seeks to achieve higher maturity in the MITA model by implementing an enterprise level Data Management Strategy, Technical Management Strategy, and System Development Life Cycle (SDLC) Methodology for Connecticut. These strategies have been initiated and will continue to evolve as the SI vendor completes an analysis and recommends the approach for the CT METS program.

DSS also seeks opportunities to leverage existing and planned assets in the Medicaid Enterprise as well as best practices in Health & Human Services programs. Connecticut Shared Services projects and other assets funded by Medicaid systems (MMIS or Integrated Eligibility) funding can be reused in the new Medicaid Enterprise system in compliance with CMS' State Medicaid Director Letter #18-005 for reuse for economical and risk-reduced DDI, maintenance, and operations.

Additional technology standards for Connecticut which are relevant to this procurement may be located in the bidders' library at: <https://portal.ct.gov/DSS/CT-METS/Connecticut-Medicaid-Enterprise-Technology-System-CT-METS-Project/Bidders-library>

OCM work to support the program is not in the technology field, yet the new CT METS system shifts the focus of DSS staff work from managing technology to managing contracts. This change will require training for both technical and career planning reasons. The OCM vendor will help DSS leadership plan the stakeholder engagement, organization change, communications, and training to implement in addition to the technology change.

3. Scope of Work

The Organizational Change Management initiative seeks to draw together all persons impacted by the transformation project, provide information about the changes, and offer resources to address concerns about the project. During the initiative, the OCM vendor will guide DSS leadership to create a foundation for member-centric care with process oriented structures and performance metrics. Governance will be implemented to support data and the technical environment for use with modular services and service oriented architecture. DSS leadership will identify and engage stakeholders, create and follow a robust communication plan to convey the impact of the Medicaid enterprise changes, and put into effect a successful transition project. Business processes and expected outcomes will be defined according to national frameworks such as MITA, National Human Services Interoperability Architecture (NHSIA), and Substance Abuse and Mental Health Services Administration (SAMHSA), and technology will support the needs of stakeholders.

Task 1 – OCM Engagement: For the duration of project planning, transition, and final implementation phases, OCM work will be conducted using the Project Management Institute's project management methodology from the Project Management Body of Knowledge (PMBOK) in collaboration with:

- DSS – the project sponsor (the Commissioner of Social Services), and the CT METS Program Director
- Enterprise Project Management Office (EPMO) – which provides portfolio management functions
- CT METS project's Systems Integrator (SI) vendor
- Independent Verification & Validation (IV&V) vendor – who will report to Connecticut's Chief Information Officer (or his designee) in the Department of Administrative Services/Bureau of

Enterprise Systems and Technology (DAS/BEST), a separate organization, as well as the CMS Central Office (CO) and the CMS Regional Office (RO), to maintain independence from the project team

Deliverables for Task 1:

1.A. Kickoff in Hartford to launch Organizational Change Management with DSS, EPMO, SI, and IV&V partners, in individual and group meetings within 30 days of contract start date, tentatively September 13, 2019

1.B. OCM Project Management (PM) documentation to include plans, schedules with well-defined milestones, work breakdown structure, kickoff and routine meetings to be held, and other coordination efforts that incorporate both organizational change management tasks and work with DSS, EPMO, SI, and IV&V, using DSS approved tools and the DSS Project Management Processes and Templates available in the CT METS bidder's library at: <https://portal.ct.gov/DSS/CT-METS/Connecticut-Medicaid-Enterprise-Technology-System-CT-METS-Project/Bidders-library>

or DSS EPMO-approved compatible alternates, for all project management artifacts during the CT METS project within 60 days of contract start date, tentatively October 14, 2019

1.C. Weekly written reports and oral status update meetings as required by DSS and EPMO about key deliverables, risks, and issues; and weekly updates to the EPMO in Microsoft Project format for the components of the Integrated Master Project Plan (decision, change, issue, and risk logs, weekly and monthly status reports, and project schedule)

1.D. Control book which documents lessons learned, survey results and analysis, analysis of training, help desk analytics, checklist statistics, and other evaluation metrics, developed as OCM artifacts are created, updated throughout the engagement, and provided to EPMO to inform future project phases

Task 2 – Assessment and Implementation of Re-organization Plan: Significant change in data and technology calls for accompanying changes in processes, which cascades into the need for an organization to support the new ways of doing business. The OCM vendor will conduct business process mapping and assessments of current business processes, or review existing maps and assessments that have already been created, and make recommendations to align the DSS organization with CMS's Seven Standards and Conditions, the national frameworks, and opportunities to leverage existing and planned assets in the Medicaid Enterprises as well as best practices in HHS programs including controls, metrics, and improvements.

The OCM vendor will guide DSS in designing and managing team structures with roles and responsibilities to facilitate automated program delivery, while noting any risks anticipated from the lack of readiness in the organization and staffing. The OCM vendor will gather and analyze data, assess roles and skills, align processes, implement training to match technologies, and formally define roles.

DSS recently implemented the ImpaCT eligibility system. Business process mapping and organization alignment were conducted at DSS specifically for processes supported by the system. As part of the CT METS program, DSS desires to conduct a more comprehensive business process mapping and reorganization effort for the Medicaid Enterprise - that is, the processes, data, and systems that enable the Connecticut Medicaid program or directly/indirectly effect service delivery to Medicaid recipients.

DSS recognizes that it is an important business practice to define processes for the new modular enterprise and align technology to meet the needs of the business, both for their State Medicaid Agency responsibilities and their non-Medicaid functions. Medicaid cannot operate in a silo and an enterprise BPMN is required. CT METS Phase 1 activities will include formal mapping of business processes using DSS-approved Business Process Model and Notation 2.0 (BPMN) tools to create a graphical notation that can be communicated across the enterprise in a standard manner. This information paves the way for gathering the requirements for module selection, the new operating model design of the modular Medicaid, and development of the RFPs for the selected module solutions supporting Connecticut Medicaid.

Health and Human Services programs including Medicaid, Behavioral Health, SNAP, TANF, Child Care, Adoption/Foster Care, Child Support, and LIHEAP have similar processes that can all be evaluated for technological maturity (interoperability, modularity, reuse, data sharing, use of standards, etc.) using national frameworks. DSS intends to apply the most current national frameworks to map existing processes, and the OCM vendor is expected to propose an approach for mapping and aligning all DSS and Medicaid processes, regardless of the domain - such as MITA, National Human Services Interoperability Architecture (NHSIA), and Substance Abuse and Mental Health Services Administration (SAMHSA) - including:

- Medicaid processes performed by DSS or its vendors, or both
- Medicaid processes performed by sister agencies
- Non-Medicaid HHS business processes performed by DSS
- Other non-HHS business processes performed by DSS

“Other business processes” may be administrative processes which do not clearly fit into the Medicaid and HHS processes the OCM vendor will address. Examples include DSS administrative processes for overall budget creation and maintenance, human resources, and facilities management.

The OCM vendor will propose the approach, timeline, and BPMN tool to be utilized for modeling. Upon DSS approval, OCM staff will provide data visualization of MITA processes in the Department, working with DSS staff, and reflecting leadership input on the new business model. Some processes may be mapped/aligned by the OCM vendor, with other process mapping conducted by DSS staff with EPMO support, the SI, module vendors, or others through the conclusion of the CT METS project.

Links to references for Seven Standards and Conditions, MITA, NHSIA, and SAMHSA are included as information in the bidders’ library at: <https://portal.ct.gov/DSS/CT-METS/Connecticut-Medicaid-Enterprise-Technology-System-CT-METS-Project/Bidders-library>

but Respondents should be aware of the latest available versions of the frameworks, policies, and practices since some material is in draft format, and updates can occur at any time.

Deliverables for Task 2:

2.A. Formal business process maps that start with MITA SS-A documentation and use tools, such as Business Process Model and Notation 2.0 (BPMN) to provide data visualization, reflecting input from DSS staff, vendors, and leadership on the new business model, and consideration of existing and planned assets, including assets or services secured or planned pursuant to Medicaid Health Information Technology (HIT) projects, Shared Services projects, and any other assets funded by Medicaid Systems (MMIS or Integrated Eligibility) dollars, for potential reuse in the Medicaid Enterprise. Assets and services examples include, but are not limited to:

- Enterprise Master Person Index (EMPI)
- Provider Management Module
- Waitlist Management Module
- Enterprise Service Bus (ESB)
- Shared Corticon rules engine
- Integrated HHS Customer Relationship Management (CRM) including contact center
- Integrated Mobile Platform
- Integrated Worker Portal
- Integrated Client Portal
- Shared Notice Engine, encompassing notice generation and printing
- Electronic Document Management Solution
- Enterprise Provider Registry
- Project Notify – Medicaid Provider Admit, Discharge, Transfer (ADT) Notification System
- Direct Messaging of Electronic Prescriptions of Medical Equipment Devices and Supplies (MEDS)
- Business Intelligence and Shared Analytics (BISA) Solution

- Personal Health Record (PHR)
- Immunization Registry
- Health Information Exchange (HIE) solution, including:
 - Virtual Health Record (VHR)
 - Clinical Encounter Alerts
 - Public Health Reporting Gateway
 - Image Exchange
 - Electronic Clinical Quality Measures (eCQMs)
 - Immunization Information System (IIS)
 - Medication Reconciliation
 - Advanced Directives and Medical Orders for Life Sustaining Treatment (MOLST)
 - Population Health Analytics
 - Patient Portal
- HealthShare Platform as Medicaid HIE node
- Existing Medicaid Assets, such as:
 - Electronic Visit Verification (EVV) - telephonic and computer-based in-home scheduling, tracking and billing system
- Electronic Data Interchange (EDI) Translator

Estimated dates for planning within three months of contract signing, and modeling within seven months of contract signing, November 15, 2019, to March 13, 2020

- OCM vendor will refine the 78 As-Is business processes documented during the MITA assessment to include evaluation, analysis, development, feasibility to leverage existing and planned assets or services in support, LEAN process improvement, and/or affirmation to recommend To-Be BPMN flows of all MITA processes performed by DSS, other state agencies, or state agency vendors on behalf of DSS as the State Medicaid Agency
- Using the same approach as above, the OCM vendor will recommend To-Be BPMN flows of all NHSIA and SAMHSA processes performed by DSS and its vendors on behalf of DSS, and will recommend an approach to creating BPMN flows for those DSS operational areas covered by the CT business framework which are not HHS functions
- OCM vendor shall review and provide recommendations for all BPMN workflows produced by module vendors during the OCM engagement to provide an accurate transition from As-Is to To-Be processes
- OCM vendor will provide recommendations on process improvements and consolidation of common activities, including temporary business solutions

The OCM vendor should note the following requirements for the SI to coordinate work with the OCM in Phase 1:

- DSS shall assign the SI vendor responsibility for generating BPMN for any business processes not assigned by DSS to the OCM or a module vendor
- SI shall have overall responsibility for selecting processes to be assigned to modules and/or reused in the Medicaid enterprise for the benefit of DSS; it is understood that not all BPMN processes will be associated with a module or be included in Phase 2 of this project, but the SI will map each business process to a module in the To-Be environment to be designed, procured and/or developed, and implemented in Phase 2
- If recommended by the SI and approved by DSS to be part of the Phase 2 work, the SI shall have the primary responsibility for generating BPEL, or ensuring that it is generated, for required business processes; the SI and module vendors will be the primary consumers of execution language to integrate the CT METS modules and other system components
- SI will create and maintain a repository for the BPMN/BPEL information
- SI will continue to assess and prioritize the business processes to be developed in Phase 2 with the OCM and module vendors and create a final report to catalog the Business Process Mapping

for the entire Medicaid Enterprise, to ensure no functions are missed or orphaned in the modular approach

- Once the mapping process is established and performed for the Medicaid business areas and some DSS business functions, the OCM vendor will collaborate with the SI to develop a plan to transition ongoing work and responsibility for updates and maintenance of all BPMN to the SI before the OCM vendor concludes its contract with the State

The table below is included to clarify primary responsibility for the various aspects of business process review and documentation.

Table 1: Business Process Review and Documentation

Business Process Area	Business Process Review and Reorganization	BPMN	Definition of Modules and Mapping or Reuse of Business Processes	Example Process
Medicaid processes performed by DSS or its vendors (MITA-defined)	OCM	OCM	SI	Update Medicaid Member information
Medicaid processes performed by sister agencies (MITA-defined)	OCM	OCM	SI	Manage Immunization Registry and Tracking System
Non-Medicaid HHS business processes performed by DSS (Non-MITA)	OCM	OCM	SI	Manage LIHEAP processes
Other business processes (non-HHS) performed by DSS	OCM	OCM	SI	Manage office facilities for Social Services locations in CT
Remaining prioritized business processes not accomplished within the active engagement of the OCM or module vendors	SI	SI	SI	Document any DSS or Medicaid processes that have not been assigned by DSS to OCM or module vendors
Service Processes in new modules	Module Vendor	Module Vendor	Module Vendor	Generate compliance incident data for enterprise data warehouse

2.B. Recommendations for new process-oriented organization chart, based on the BPMN mapping and aligning each MITA area with an executive management sponsor for the DSS To-Be model, as well as any options, for leadership feedback and approval; includes impact assessment with projected benefits, risks, costs, and level of resources necessary to implement recommendations; also proposes timeline for personnel changes relative to technology implementation and funding availability; for instance, the proposed structure would support shared service organizations including the necessary contact and help centers; estimated timeframe for tasks to be done five to eight months following contract signing, January 15 to April 15, 2020

- OCM vendor shall recommend a MITA aligned organizational structure for DSS reflecting the business, information, and technical needs of DSS and the CT MITA roadmap, including Shared Services organizations which support the Medicaid enterprise
- OCM vendor will develop a CT business framework which incorporates MITA/NHSIA/SAMSHA and extends to all DSS operational areas (including HR, facilities, etc.) and to Shared Services organizations which support the Medicaid enterprise

- OCM vendor will participate in design sessions as needed with SI and other vendors, estimated four to seven months following contract signing, December 13, 2019 to March 13, 2020

2.C. Implementation support for DSS leadership to manage the re-organization plan; including a “crosswalk” for the current business processes and organization chart to transition to the To-Be environment, plus recommendations for controls and objective key performance indicators (KPIs) for each organizational unit, and any improvements required to close identified gaps or concerns; to be developed within eight months of contract signing date, estimated April 15, 2020, and supported through the later of two dates, either the conclusion of re-organization or the end of contract

In developing this plan, the OCM vendor shall:

- develop an evaluation and metrics plan, including a method to define baseline metrics and a process for tracking and reporting KPIs
- leverage CT and federal artifacts to produce and recommend appropriate operational and programmatic KPIs for each MITA business process to support CT METS goals and objectives found in Section 1.State Procurement Objectives, b. Business Objectives.
- produce and recommend appropriate operational and programmatic KPIs for each DSS non-Medicaid business process to align with DSS strategic and business goals and objectives.
- work in conjunction with the SI to define quantifiable performance measures to ensure new CT METS operations will meet or exceed current MMIS performance measures; these measures will address:
 - Timeliness of the process
 - Cost-effectiveness
 - Accuracy of results
 - Data access and data accuracy
 - Efficiency
 - Utility or value to stakeholders
- if measures currently do not exist, OCM and SI will use industry standard and best practice baseline measurements to create measures and identify core reasons for bottlenecks and errors that affect the processes and impact the measures; and will develop methods to track, record, and analyze performance measures, as new processes are instituted in the future

Task 3 – Leadership Planning and Stakeholder Engagement: OCM extends beyond the agencies supporting Medicaid to incorporate DSS’s full mission for social services. The CT METS project will have far-reaching effects on stakeholders, and a leadership team should be established to ensure a successful transition for the integration of new processes and technology with stakeholders. For an initiative of this scale, the commissioner may enlist the assistance of state-level leaders, typically:

- Gubernatorial engagement for the effort (also legislative support if deemed necessary) with letter of support and/or onsite visits if possible
- State Human Resources employees, on board to work through implementation of personnel assignments in the To-Be organization and to address concerns that arise
- Office of Policy & Management support as necessary for any special budgeting or financial reporting and the viability to carry out the directives of the change
- Others identified by DSS leadership

The OCM vendor will identify governance and other structures to engage project stakeholders as needed, including but not limited to, DSS staff and employees of other HHS agencies in CT state government, Medicaid members (beneficiaries), providers, third-party contractors, community/state/federal agencies, information exchanges, and legislators/regulators/general public. The OCM vendor will establish a change agent network to engage staff from the stakeholder organizations, and create a clear escalation plan for all stakeholder groups. With stakeholder engagement, DSS leadership aspires to educate and ameliorate concerns about the project through methods proposed by the OCM vendor, for example, employee meetings, key stakeholder interviews, surveys, readiness analyses, and other approaches. The engagement must be sustained throughout the

transition period, so initial stakeholder encounters will be assessed to determine the appropriate next steps that will fulfill their needs. The OCM vendor will create and deliver communications, presentations, demonstrations, and other engagement activities to support stakeholder engagement.

Deliverables for Task 3:

3.A. Strategic plan identifying state leadership support team for the organizational change management engagement to include at a minimum the DSS commissioner and leadership staff, and appropriate state level leadership as needed for project support of executive, human resources, budget, and other functions. Plan should include leadership action and follow-up steps necessary to establish broad support for the CT METS project, estimated within two months of contract signing, October 15, 2019; the OCM vendor will assist in the ongoing management of plan execution in partnership with DSS leadership through the contract term

3.B. Leveraging existing stakeholder lists and analysis, an updated list of stakeholder individuals/groups impacted by the Medicaid transformation with detailed plans to engage each type, for example, ranging from personal interviews with partner agency leadership to group meetings with DSS employees; include key message/purpose of each encounter, what information will be collected from the stakeholders, who will conduct the engagement, timelines, locations, communication media, etc., estimated within three months of contract signing, November 15, 2019; the OCM vendor will assist in the ongoing management of engagement plan execution in partnership with DSS leadership through the contract term

3.C. Evaluation of stakeholder feedback to DSS about initial engagements with recommendations for follow-up actions and ongoing support plans for each type of stakeholder audience to help with acceptance and cooperation for the project, within three weeks of conclusion of initial engagements; the OCM vendor will assist in the ongoing management of follow-up plan execution in partnership with DSS leadership through the contract term

Task 4 – Change Management and Communication Plan: The OCM vendor will conduct an organizational readiness assessment and provide an analysis and organizational readiness plan as part of the overall change management plan that includes the strategy, timeline, activities, resistance management, evaluation mechanisms, and post-implementation surveys and analysis. Resource planning components will include physical plant requirements such as computer labs, training rooms, meeting rooms, readiness or go-live rooms, and equipment needs. Implementation planning components will identify and include regular readiness reporting, readiness checklists, and go-live support activities for new module implementations. Knowledge transfer planning components will provide ongoing support for change management materials to State staff.

The OCM vendor will leverage stakeholder analyses (previously developed by DSS) to create a Communication Plan (The Plan) in collaboration with DSS leadership and the EPMD to build awareness of potential changes and benefits with the CT METS project, to gain and maintain project buy-in, and reach as many stakeholders as possible using multiple forms of communication. The Plan's purpose is to address each audience's readiness for the project's impact. The OCM vendor should identify readiness and risks for key capabilities and resources (both internal and external) required to support the strategies and goals of the CT METS project.

The Plan will detail specific types of communication to be delivered to named audiences at milestone points using various media formats and cadences. Upon approval, The Plan may be implemented by the OCM vendor, and/or it may be started by the vendor then conducted by DSS staff with EPMD support, module vendors, or others through the conclusion of the CT METS project.

Deliverables for Task 4:

4.A. Change Management Plan to include organizational readiness assessment and analysis. organizational readiness plan, stakeholders' analysis, physical plant plan, implementation plan, change agent network, escalation plan, knowledge transfer plan, control book, and estimated to be conducted from three to ten months after contract signing, November 15, 2019 to June 15, 2020; the OCM vendor

will assist with the ongoing management of Change Management Plan execution in partnership with DSS leadership through contract term

4.B Communication Plan to include broad initial communications releases, leading to targeted messages for identified audiences (e.g., DSS employees, stakeholder leadership group, other key stakeholders), development of potential ongoing communications for review and use by DSS to broad and/or specific audiences and communications to mitigate any issues; including communication tools, timeframes, and formats, estimated within two to four months after contract signing, October 15 to December 13, 2019; the OCM vendor will assist with ongoing management of Communication plan execution in partnership with DSS leadership through the contract term

4.C. Summary analysis of readiness data collected from stakeholders during initial engagements, with recommendations for next steps to address any concerns, questions, gaps (for example, phone calls/emails/ meetings to follow up, website to share information resources and post answers to all questions posed by stakeholders), within three weeks of conclusion of initial engagements; the OCM vendor will assist with ongoing management of readiness facilitation in partnership with DSS leadership through the contract term

4.D. Proposal for actions to address gaps in stakeholder readiness for project implementation collected from surveys, interviews, skills inventories, workshops, for example; may be addressed with formal and informal training, meetings, newsletters, etc., within six weeks of conclusion of initial engagements; the OCM vendor will assist with ongoing management of execution of proposals for mitigation in partnership with DSS leadership through the contract term

Task 5 – Training Plan: The OCM vendor will plan and execute solutions for training requirements that result from the DSS transition to new processes, tools, and organization. Training activities may be conducted in partnership with DSS staff with EPMO support, module vendors, or others. Shared Services organizations will warrant some special considerations, especially where they may use a phased approach for modular implementation. CT METS may generate the need for different skill levels for DSS workers: basic, advanced, and cross-trained on multiple disciplines. For instance, staff readiness may include training and integration for:

- New business modules and technology such as the common web portal
- New skill requirements for contact and help center employees, especially during transitions when functions may be operating out of duplicate systems
- New skills required for employee tools in the modular environment, for example, business analytics to improve care management, or for contract management rather than infrastructure management

Training plans will support end user training that is unique by role and include support roles like Help Desk, Administrators, and Super Users. The plans will address sustained training capabilities such as “train the trainer” and processes to keep content, materials, and documentation current. Training methodology will be based upon best practices in instructional design and include measurable, task-centered learning outcomes and objectives, demonstration and learner-led practice of scenarios, skill checks, comprehensive evaluations, and tracking of learner outcomes.

Deliverables for Task 5

5.A. Comprehensive training needs assessment across the organizations to support user roles recommended and accepted by DSS for new process-oriented organization chart aligning each MITA area with an executive management sponsor for the DSS To-Be model; roles and skills assessment estimated to occur January through February 2020

5.B. Comprehensive training plan estimated to be developed January through March 2020 that:

- Includes the approach for managing resources and delivering instructor-led and web-based training to DSS locations statewide, as needed

- Produces training materials including, but not limited to, trainer manuals, user manuals, job aides, online help, and web-based training that complies with methodologies for instructional design across each unique user group, role, and level within the organizations as identified in a training needs assessment
- Plans for web-based training to prepare learners for training and/or supplement learning after training that is compatible with SABA and Articulate, Storyline, or another agreed to software application
- Provides knowledge transfers to state staff to ensure ongoing support for training materials management, training environment support, software products utilized by the OCM vendor, and other activities

5.C. Plan and execution of training delivery in Phase 2, estimated March 2020 to mid-2021, which includes:

- Development of content and materials with a style guide to dictate standards of instructional design method, delivery, writing guidelines, formatting, naming, and versioning conventions; with a collaborative review process and comment/review period for OCM and DSS when developing training and change management materials; ongoing maintenance of all training materials to reflect ongoing development of the project's systems
- Development of web-based training, online help, PowerPoint or other presentation materials, scenarios, and templates for DSS review and approval of all deliverables prior to use; with OCM vendor to ensure all materials developed meet HIPAA, ADA, health literacy, and Web Content Accessibility guidelines, and that all client/consumer facing materials meet the 5th grade reading literacy level; all learner material to be available in electronic format as well as a physical copy when requested
- Management of training environment to ensure the ability for users to train simultaneously across the organizations including:
 - Daily health check, refresh schedule, builds, and multiple scenarios for learners to use during training
 - Regular updates to the application to reflect interim changes in business process and workflow
 - Knowledge transfers to support training environment management
 - Ability to gauge knowledge of trainees with recommendations that align to desired expectation of DSS

Task 6 – Value-Added Options: The OCM vendor shall specify value-added optional services to address relevant matters that have not been anticipated in this RFP but contribute to successful DSS stakeholder engagement, communications, and training, as well as any steps to reduce risk to the project's quality and continuity, and proposed timelines if appropriate.

4. Cost Model and Budgeting Specifications

The Cost Proposal will be used as the final representation of the Vendor's cost/price, and will be used during the Proposal evaluation. Additional information should be included as necessary to explain in detail the Vendor's cost/price. Pricing is to be the best and final price.

A responsive submission shall include a complete [Commodity or Service Cost Worksheet](#) as an appendix to this section of the proposal to reflect any fixed or deliverable-based costs for commodities/services such as project deliverables. A responsive submission must include a complete [Proposed Staffing – Hours and Cost Worksheet](#) to define the cost for each proposed level of staff for change orders that may be necessary during the engagement. Examples of these worksheets are found in Section Appendices..

The Vendor's response must specify a firm and fixed fee for completion of the OCM deliverables as a full-service model which includes any consultant services necessary to do the work. The awarded

Vendor shall be responsible for the performance of all duties contained within this RFP for the firm and fixed price quoted in the Vendor's proposal to this RFP. The vendor's proposal for hourly staff rates will apply only to exceptions such as change orders.

Cost and Technical Proposals must be submitted separately. A Respondent's Technical Proposal must be deemed responsive before the Cost Proposal will be evaluated. The Financial Requirements and Budget Requirements will only be evaluated for Respondents that have achieved a **minimum of 70% of the available points in all prior criteria.**

See [Appendices](#) for complete guidance.

5. Project Management and Governance

As described in [Task 1 - OCM Engagement](#) in the Scope of Work section, DSS and the Connecticut EPMO follow the Project Management Institute's project management methodology and Project Management Body of Knowledge (PMBOK). PM reporting about OCM will conform to DSS/EPMO established style and tools, as a subset of the overall program management. The OCM Vendor is expected to work closely with the DSS project team, the EPMO, the SI and IV&V vendors as part of the foundational team, throughout the project lifecycle, to ensure defined processes and decisions made will deliver optimal results for the CT METS Program. The State will require the successful Respondent to execute an associate contractor agreement to ensure effective collaboration and cooperation with other contractors.

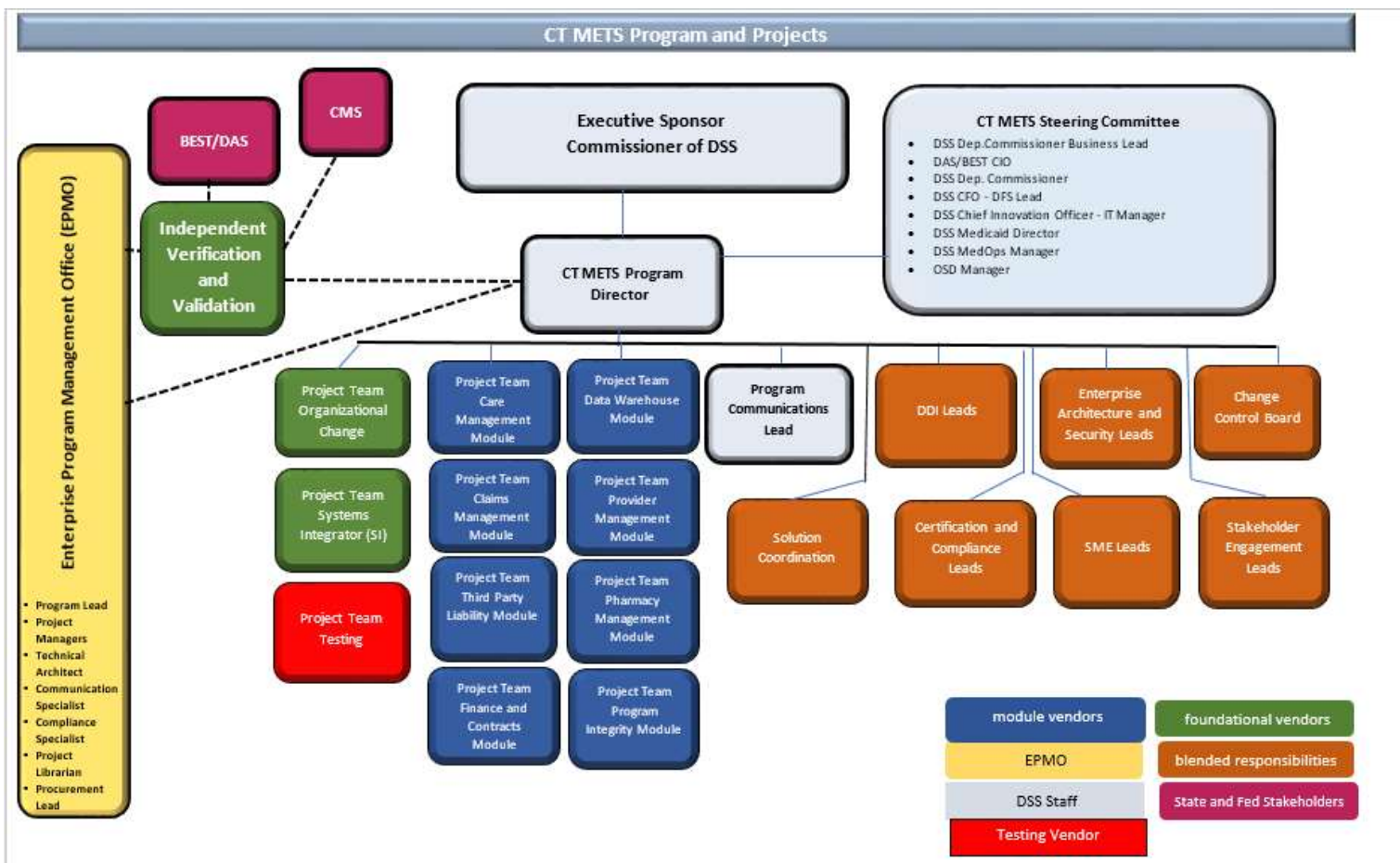


Figure 7: Current CT METS Governance Structure

Since OCM work is not explicitly described in CMS's requirements, the OCM vendor should note the expectation for the IV&V vendor to perform IV&V reviews on OCM tasks, such as the formal mapping of

Medicaid business processes, implementation of a new process-oriented organizational structure, DSS leadership planning, stakeholder engagement, and development of communication and training plans.

6. Key Personnel

The OCM vendor will provide a resource management plan that includes submission of the resumes of contract staff proposed to work on the project for DSS review; a strategy for the organizational structure and team location(s) specifying in-State or out-of-State, and how this structure will contribute to project success; a description for maintaining appropriate staffing levels throughout the term of the Contract and adjusting its resources as necessary to maintain the required level of service; identification of sub-contractors, if any, and acknowledgement that the prime contractor is responsible for contract performance, whether or not subcontractors are used.

The OCM vendor is required to provide highly qualified and experienced personnel because appropriate, skilled staff will reduce project risk. For the key positions identified below, the contractor must propose the actual personnel who will fulfill the obligations of the contract terms. The State expects all key staff identified in the selected vendor's response to this RFP to be available when the project commences and expects key staff to remain on the project to ensure continuity of knowledge for the life of the project from proposal to contract conclusion. No staffing decisions regarding the addition or removal of key staff (except for those beyond the contractor's control) will be made without DSS consent and approval. The OCM contractor shall provide the Department of Social Services a minimum of fourteen (14) calendar days advance written notice of the planned departure of any contractor party providing services to the Department. The contractor shall notify the Department within twenty-four (24) hours in the event of an unanticipated departure of a contractor party providing services under this agreement.

Subcontractors must be identified and approved by DSS. To request approval, the OCM vendor must identify the subcontractors, describe their roles, and provide the URL for the subcontractor company website(s) if not an independent contractor. See additional subcontractor requirements and restrictions in 9. State Procurement Process, D. PROPOSAL RESPONSE FORMAT 9. Subcontractors.

With respect to all vacancies of key personnel during all phases, DSS must receive a credit equal to the hourly rate as identified on the cost sheet for the corresponding labor category, prorated for each day or partial day until the position is satisfactorily filled. For vacancies due to any reason other than dismissal of the applicable individual by the State, the credit must begin to accrue at the time the vacancy occurs. For vacancies that occur due to DSS's request, the credit must begin to accrue on the sixtieth (60th) calendar day after the vacancy occurs. Key personnel must be replaced with individuals with comparable experience and qualifications as those submitted by the contractor in the proposal and must meet the requirements of the key positions. State approval is required prior to assigning key personnel to work on the contract. The OCM contractor is required to submit resumes and allow the State to interview applicants as part of the approval process.

The OCM vendor team may contain the following roles:

- Engagement Manager – Executive-level decision making on behalf of OCM vendor's organization regarding project contract
- Project Manager – Decision making authority over project resources, schedule, and deliverables
- Implementation Managers – Responsible for oversight and execution of OCM tasks
- Organizational Change Manager – Responsible for organizational migration, gap analysis, and coordination of program improvement, communications, and training activities related to the CT METS project
- Training Managers – Responsible for oversight and execution of Training tasks
- Subject Matter Experts (SME)- Respondent to describe role and relevant experience of proposed SMEs who may be engaged when needed part time or full time for specified durations to fulfill requirements

Respondents may identify additional roles and propose personnel for assigned positions to reduce risk to the project's quality and continuity. Respondents may propose to assign key positions identified

above with other roles which complement each other and afford a well-qualified team to address OCM and Medicaid/HHS/Healthcare IT programmatic skills. Optionally, the contractor may pair senior and junior resources to achieve the right mix of talent, and may propose SMEs to tap into the project as needed.

Key or Lead OCM vendor staff must describe education, certification, and years of experience which qualify them for the proposed positions. Qualifications for some positions are shown below. The Respondent must demonstrate that the proposed team is highly skilled and experienced to minimize project risk.

Table 2

Key Position	Qualifications	Start Date	Special Requirements
Project Manager	<p>Experience in managing or in a key management position for large-scale organizational change management projects</p> <p>Project Management Professional (PMP) certification from the Project Management Institute (PMI) and previous experience following a standard PM methodology using various project management tools in developing project plans, delivering tasks, and tracking timelines and resources</p> <p>Previous Medicaid, HHS, or Healthcare IT experience preferred</p> <p>Strong communication skills, particularly, the ability to identify and manage risks from both the OCM and overall program perspectives, and to facilitate course corrections when in the best interest of the project</p> <p>Previous experience with OCM project management within a large-scale technology implementation program is preferred</p> <p>Previous experience with identifying, recommending, and implementing SLAs and KPIs for health program functional areas and maintaining periodic reviews is preferred</p>	Project Start Date	<p>Individual(s) proposed:</p> <p>Must be the actual personnel who will fulfill the obligations of the terms of the RFP</p> <p>Must not serve in any other position</p> <p>Must be 100 percent allocated to the Project</p> <p>Must be onsite in Hartford, Connecticut, sufficient time to perform duties as approved by DSS</p>
Organizational Change Manager	<p>Experience in managing or in a key management position for large-scale organizational change management projects, particularly those involving advanced technology</p> <p>Experience in business responsibilities on transition</p>	Project Start Date	<p>Individual(s) proposed:</p> <p>Must be the actual personnel who will fulfill the obligations of the terms of the RFP</p> <p>Must not serve in any other position</p> <p>Must be 100 percent allocated to the Project</p>

Key Position	Qualifications	Start Date	Special Requirements
	<p>projects of similar scope</p> <p>Previous Medicaid, HHS, or Healthcare IT experience preferred</p> <p>Strong communication skills, particularly to engage project stakeholders with varying backgrounds and to analyze stakeholder feedback and identify methods to improve communications for improved buy-in to the project</p> <p>Change Management certification from AIM, APGM, Prosci, or other professional organization is advantageous</p>		<p>Must be onsite in Hartford, Connecticut, sufficient time to perform duties as approved by DSS</p>
Training Manager	<p>Experience in development of training plans for technical and organizational implementation projects of similar scope</p> <p>Experience in assessing roles and skills of staff to determine training needs for organizations</p> <p>Experience on post-training staff evaluation and mitigation planning</p> <p>Experience with setting goals and milestones within training and evaluation curriculum aligned to overall program's success</p> <p>Experience working with technology providers to develop staff training</p> <p>Previous Medicaid, HHS, or Healthcare IT experience preferred</p> <p>Professional certification in training management (government or corporate) or teaching certification (high school or adult) is advantageous</p>	Project Start Date	<p>Individual(s) proposed:</p> <p>Must be the actual personnel who will fulfill the obligations of the terms of the RFP</p> <p>Must not serve in any other position</p> <p>Must be 100 percent allocated to the Project</p> <p>Must be onsite in Hartford, Connecticut, sufficient time to perform duties as approved by DSS</p>
Subject Matter Experts, for example Business Process Analyst	<p>Experience developing business process flows using BPMN 2.0/BPEL tools to reflect current operations</p> <p>Experience developing recommendations for streamlined business process flows</p> <p>Experience directly reviewing and executing six sigma initiatives</p> <p>Previous Medicaid IT Architecture (MITA), HHS, or Healthcare IT experience preferred</p> <p>Experience with initiatives where alignment of providers, payers, and</p>	As needed/when required	<p>Individual(s) proposed:</p> <p>Must be onsite in Hartford, Connecticut, sufficient time to perform duties as approved by DSS</p> <p>May serve on CT METS project part time as needed, or full time for specified durations to fulfill requirements</p>

Key Position	Qualifications	Start Date	Special Requirements
	<p>consumers were the primary focus is preferred</p> <p>Business Analyst certification from IIBA, IQBBA, IREB, PMI, or other professional organization is advantageous</p> <p>Lean Process Improvement certification and Six Sigma Black Belt certification from a professional organization is advantageous</p>		

In their proposal, the OCM vendor should provide names and resumes of the key staff proposed for the project with a high-level narrative description of the team and their roles, highlighting technical and programmatic experience and other staffing requirements listed in this document. The Respondent should describe the staffing plan, provide an organizational chart and associated descriptive narrative to define the reporting structure relative to the CT METS project team, and describe the strategy to maintain the appropriate number of staff during the project life cycle.

The OCM vendor shall provide three (3) references (Client Name, Project Description, Ongoing/Completed Status, Dates, Client Contact Name/Email/Phone Number, Budget, Lessons Learned, Contract Amount) for work performed as a prime vendor where similar services were required; including at least two references for OCM services performed within the last 8 years.

7. Project Performance Standards

The Technical Proposal must describe how the OCM vendor will meet all tasks, requirements, and deliverables from [Scope of Work](#) above, plus the requirements for Acceptance of Deliverables, Privacy and Security, and Logistics, including performance standards for the OCM engagement, as follows:

I. Acceptance of Deliverables

The OCM vendor will submit one monthly deliverable for approval that represents all OCM activities for the month. The deliverable will include all the OCM work products completed within the month, e.g., weekly status report materials for the month, OCM work plan updates, and OCM work products (Stakeholder List, Communications Plan, Training Plan, Business Process Models).

The monthly deliverable will not be deemed approved until all work products are approved by DSS. The vendor may specify the format and submission methods for reports and describe expectations for timely deliverable and work product review and approval processes to be established with DSS.

The OCM vendor may use the monthly review process to submit for approval any changes to previously approved deliverables.

The OCM vendor must submit a Closeout Report, including Lessons Learned, and conduct an Executive Briefing at the end of the OCM contract.

Performance standards for the OCM engagement will be finalized during contract negotiations. DSS suggests the following Key Performance Indicator (KPI) for the monthly deliverable:

The OCM vendor shall provide the monthly deliverable for approval within five State work days after the end of the calendar month. For each State work day that the monthly deliverable is not received or is unacceptable to DSS, the OCM vendor will be assessed a payment or recoupment of Five Hundred Dollars (\$500).

II. Privacy and Security

The selected OCM vendor shall be required to comply with all terms and conditions of the RFP, including but not limited to provisions for the protection of the State's and third-party assets, intellectual, and physical property, such as privacy and security laws, regulations, and policies, as well as breach notification laws and directives. The OCM vendor agrees to comply with all DSS security training requirements for their staff, including initial and ongoing privacy and security and HIPAA compliance training to all employees and contract personnel assigned to the project prior to receiving access to State information.

The OCM vendor shall develop a Privacy and Security Plan that includes a description of how the contractor safeguards all State information that is transmitted within their systems (i.e., email); how the contractor employs all reasonable industry recognized methods to secure systems from unauthorized access; and the methods used to permanently destroy all confidential data and protected health information entrusted to the contractor for the performance of the contract. The plan must be approved by DSS prior to the contractor having access to project materials.

III. Logistics

The OCM vendor will control access to all contractor facilities where any contract related work is performed, in compliance with privacy and security requirements and must ensure that all contractor data use, exchange, and exposure protects Connecticut data and protected health information (PHI). Workforce privacy and security must be protected, and state and federal requirements must be met.

The State will provide adequate work space, including access to conference rooms, internet access, and materials needed for the vendor's staff members to perform the agreed upon services at the Department for Social Services' central office located at 55 Farmington Ave., Hartford, Connecticut. The OCM vendor will provide all equipment and office needs of their staff including computers, printers, and WiFi, wherever it is not available from the State. OCM Respondents should specify the number of workstations needed for OCM staff with the expected duration and describe any other anticipated supports needed from the State.

The State will make appropriate resources available as needed and provide a primary contact for the identification of project team resources and introductions. All OCM work is to be stored in an agreed upon repository accessible from both onsite and offsite, using a DSS-designated folder structure.

The OCM vendor will have business hours from 8:00 am to 5:00 pm Eastern Time, Monday - Friday, and follow the State Holiday Schedule.

8. Contract Standards

Please refer to [Mandatory Provisions](#) for complete information.

9. State Procurement Process

The section provides the guidelines under which the procurement will be conducted. It outlines the rules regarding contact and communication with the state, the overall procurement timeline, including applicable due dates for materials, the process for submitting questions, identifies appropriate state procurement requirements, and the submission requirements.

I. General Information

A. Introduction

1. **Request for Proposal Name:** Connecticut Medicaid Enterprise Technology System Organizational Change Management RFP
CT METS OCM RFP 12212018
2. **Summary:** The intent of this RFP is to select a vendor for a Personal Service Agreement to perform Organizational Change Management (OCM) services related to all aspects of the

Connecticut Medicaid Enterprise Technology System (CT METS) program for Connecticut's State Medicaid Agency. Because it is a collection of several projects involving the coordination of procurement, design, development, and implementation efforts, CT METS is a "program" with several subtending projects, including the OCM project. CT METS may also be called a "project," most often where requirements are written in standard language from the Centers for Medicare and Medicaid Services (CMS), and the terms "program" and "project" may be used interchangeably when referring to CT METS.

3. **Commodity Codes:** The services that the Department wishes to procure through this RFP are as follows:
 - a. 0600: Services (Professional, Support, Consulting and Misc. Services)
 - b. 2000: Social Services

B. Definitions/Acronyms/Abbreviations – See Appendix E

C. Instructions

1. **Official Contact:** The Connecticut Department of Social Services has designated the individual below as the Official Contact for purposes of this CT METS OCM RFP_DATE_. The Official Contact is the only authorized contact for this procurement and, as such, handles all related communications on behalf of the Department. Respondents, Prospective Respondents, and other interested parties are advised that any communication with any other Department employee(s) (including appointed officials) or personnel under contract to the Department about this RFP is strictly prohibited. Respondents or Prospective Respondents who violate this instruction may risk disqualification from further consideration.

Marcia McDonough
State of Connecticut Department of Social Services
Contract Administration
55 Farmington Ave.
Hartford, CT 06105-3730
Telephone: 860-424-5214

E-mail: marcia.mcdonough@ct.gov and DSS.Procurement@ct.gov

Please ensure that email-screening software (if used) recognizes and accepts emails from the Official Contact.

2. **RFP Information:** The RFP, addenda to the RFP, and other information associated with this procurement are available in electronic format from the Official Contact or from the Internet at the following locations:

- Department's RFP Web Page: <https://portal.ct.gov/DSS/Fiscal/Request-For-Proposals---Quotations---Applications/Request-For-Proposals---Quotations---Applications>
- Library: Reference material is available to the contractor for use in preparation of proposals and/or in performance of the contract: <https://portal.ct.gov/DSS/CT-METS/Connecticut-Medicaid-Enterprise-Technology-System-CT-METS-Project/Bidders-library>
- State Contracting Portal: [http://www.biznet.ct.gov/SCP/Search/Default.aspx?under Social Services](http://www.biznet.ct.gov/SCP/Search/Default.aspx?under%20Social%20Services)

It is strongly recommended that any Respondent or Prospective Respondent interested in this procurement subscribe to receive email alerts from the State Contracting Portal. Subscribers will receive a daily email announcing procurements and addenda that are posted on the portal. This service is provided as a courtesy to assist in monitoring activities associated with State of Connecticut procurements, including this RFP. Printed copies of all documents

are also available from the Official Contact upon request.

3. **Contracts Offers.** The offer of the right to negotiate a contract pursuant to this RFP is dependent upon the availability of funding to the Department. The Department anticipates the following:

- **Number of Contracts:** 1
- **Contract Cost:** To be determined in accordance with the methodology.
- **Contract Term:** August 15, 2019 through August 14, 2021 (tentative).

The Department reserves the right to amend the contract period for any reason determined to be necessary by the Department, including, but not limited to, ensuring that payments remain within available appropriations and that the Department has received sufficient federal approval to obtain federal matching funds for such appropriations.

The Department reserves the right to reject the proposal of any Respondent that is not financially viable based on the assessment of the annual financial statements.

4. **Minimum Submission Qualifications Requirements.** Individuals who are not a duly formed business entity are ineligible to participate in this procurement.

To be considered eligible to respond to this RFP, an organization must demonstrate that their proposed team, individually or collectively, can meet the qualifications requirements in these sections of the RFP as specified below:

- Experience with Organizational Change Management for major technology initiatives with references for work accomplished
- Experience with Medicaid, HHS, or Healthcare IT programs and technology projects with references for work accomplished
- Key or Lead OCM vendor staff with education and/or years of experience which qualify them for the proposed positions
- The ability to build a team to fulfill both OCM and technical roles for the staffing requirements listed in this document, and demonstrate that the proposed team is highly skilled and experienced to complement each other's talents, minimize project risk, and work cohesively with the CT METS program to address OCM and Medicaid/HHS/Healthcare IT programmatic functions

5. **Procurement Schedule.** See below. Dates after the due date for proposals ("Proposals Due") are target dates only (*). The Department may amend the schedule, as needed. Any change will be made by means of an addendum to this RFP and will be posted on the State Contracting Portal and the Department's RFP Web Page.

- RFP Released: December 21, 2018
- Proposals Due: February 26, 2019, 2:00 PM EST
- Deadline for Questions: January 4, 2019, 2:00 PM EST
- Answers Released: January 11, 2019
- Start of Contract*: August 15, 2019 (tentative)

6. **Letter of Intent.** Not required

7. **Inquiry Procedures.** All questions regarding this RFP or the Department's procurement process must be directed, in writing, to the Official Contact before the deadline specified in the Procurement Schedule. The early submission of questions is encouraged. Questions will not be accepted or answered verbally - neither in person nor over the telephone. All questions received before the deadline will be answered. However, the Department will not answer questions when the source is unknown (i.e., nuisance or anonymous questions). Questions deemed unrelated to the RFP or the procurement process will not be answered. The Department may combine similar questions and give only one answer. All questions and answers will be compiled into a written addendum to this RFP. If any answer to any question constitutes a material change to the RFP, the question and answer will be placed at the

beginning of the addendum and duly noted as such. The agency will release the answers to questions on the date established in the Procurement Schedule. The Department will publish any and all amendments and addenda to this RFP on the State Contracting Portal and on the Department's RFP Web Page. **Proposals must include a signed Addendum Acknowledgement, which will be placed at the end of any and all addenda to this RFP.**

8. **RFP Conference or Technical Assistance.** Will not be held.

9. **Proposal Due Date and Time.**

The last date for submission of proposals is **February 26, 2019 @2:00 PM.**

NOTE WORTHY: Proposals received after the stated deadline may be accepted as a clerical function but will not be reviewed.

THIS IS AN ELECTRONIC SUBMISSION.

PLEASE BE ADVISED, ACCESS TO THE DSS SECURE EMAIL SYSTEM IS REQUIRED TO SUBMIT YOUR PROPOSAL.

RESPONDENTS SHALL SEND AN EMAIL TO THE OFFICIAL CONTACT, marcia.mcdonough@ct.gov and DSS.Procurement@ct.gov

INDICATING THAT A PROPOSAL WILL BE SUBMITTED. SUCH EMAIL MUST BE RECEIVED BY THE OFFICIAL CONTACT A MINIMUM OF TWO (2) HOURS BEFORE THE PROPOSAL DUE DATE AND TIME OF FEBRUARY 26, 2018; 2:00 PM.

THE OFFICIAL CONTACT WILL RESPOND TO YOUR EMAIL WITH INSTRUCTIONS TO ACCESS THE DSS SECURE EMAIL SYSTEM.

PLEASE BE AWARE OF THE AMOUNT OF TIME IT MAY TAKE FOR AN ELECTRONIC SUBMISSION TO BE SENT FROM ONE SERVER AND ACCEPTED BY ANOTHER SERVER.

EACH FILE SENT TO THE OFFICIAL CONTACT, SHALL NOT BE LARGER THAN 30 MB PER E-MAIL.

AN ALERT WILL BE NOTED IF THE FILE YOU ARE EMAILING IS TOO LARGE.

Submissions must be received by the Official Contact via e-mail. The Official Contact is the **only authorized recipient** of proposals in response to this RFP.

Note: The Technical Proposal **MUST be separate and distinct from Cost Proposal and submitted in two separate documents** and shall put in the subject line, **CT_METS_OCM_RFP_12212018 TECHNICAL, Proposal 1 of 2 and CT_METS_OCM_RFP_12212018 COST, Proposal 2 of 2.**

The electronic copies of the proposal shall be compatible with Microsoft Office Word except for the Budget and Budget Justification, which may be compatible with Microsoft Office Excel.

Only the required Appendices and Forms identified in [Appendices](#) may be submitted in Portable Document Format (PDF) or similar file format.

The proposal must carry original signatures. Unsigned proposals will not be evaluated. The proposal must be complete, properly formatted and outlined, and ready for evaluation by the Evaluation Team.

10. **Multiple Proposals.** The submission of multiple proposals is not an option with this procurement.

D. PROPOSAL RESPONSE FORMAT

An acceptable electronic submission, emailed to the Official Contract, must include the following

1. **Required Outline.** All proposals must follow the required [Proposal Outline](#). Proposals that fail to follow the required outline will be deemed, at the discretion of the Department, non-responsive and not evaluated.
2. **Cover Sheet.** The [Cover Sheet](#), is found on page 62 of the RFP.
3. **Table of Contents.** All proposals must include a Table of Contents that conforms to the required proposal outline. (See [Proposal Outline](#) on page 47 of the RFP.)
4. **Claim of Exemption from Disclosure.** Respondents are advised that all materials associated with this request, procurement or contract are subject to the terms of the Freedom of Information Act, Conn. Gen. Stat. §§ 1-200 et seq. (FOIA). Although there are exemptions in the FOIA, they are permissive and not required. If a Respondent believes that certain information or documents or portions of documents required by this request, procurement, or contract is exempt from disclosure under the FOIA, the Respondent must mark such information or documents or portions of documents as EXEMPT. In its III. Proposal Outline, 9 Required Attachments/Appendices, C. Claim of Exemption from Disclosure of its submission, the Respondent must indicate the documents or pages where the information labeled EXEMPT is located in the proposal.

For information or documents so referenced, the Respondent must provide a detailed explanation of the basis for the claim of exemption. Specifically, the Respondent must cite to the FOIA exemption that it is asserting as the basis for claim that the marked material is exempt. In addition, the Respondent must apply the language of the statutory exemption to the information or documents or portions of documents that the Respondent is seeking to protect from disclosure. For example, if a Respondent marks a document as a trade secret, the Respondent must parse the definition in Section 1-210(b)(5)(A) and show how all of the factors are met. Notwithstanding this requirement, DSS shall ultimately decide whether such information or documents are exempt from disclosure under the FOIA.

5. **Conflict of Interest - Disclosure Statement.** In its submission in part III. Proposal Outline, Section A. Technical Proposal, 9 Required Attachments/Appendices, D Conflict of Interest – Disclosure Statement of its submission, Respondents must include a disclosure statement concerning any current business relationships (within the past three (3) years) that pose a conflict of interest, as defined by C.G.S. § 1-85. A conflict of interest exists when a relationship exists between the Respondent and a public official (including an elected official) or State of Connecticut employee that may interfere with fair competition or may be adverse to the interests of the State. The existence of a conflict of interest is not, in and of itself, evidence of wrongdoing. A conflict of interest may, however, become a legal matter if a Respondent tries to influence, or succeeds in influencing, the outcome of an official decision for their personal or corporate benefit. The Department will determine whether any disclosed conflict of interest poses a substantial advantage to the Respondent over the competition, decreases the overall competitiveness of this procurement, or is not in the best interests of the State. In the absence of any conflict of interest, a Respondent must affirm such in the disclosure statement: *“[name of Respondent] has no current business relationship (within the past three (3) years) that poses a conflict of interest, as defined by C.G.S. § 1-85.”*
6. **Executive Summary.** In Technical Proposal Section A.3 of its submission, Respondents must include a high-level summary, not exceeding four (4) pages, of the main proposal. This component of the proposal should demonstrate the Respondent’s understanding of the requirements in this RFP and show how the Respondent will meet these requirements. The Executive Summary should also describe any problems anticipated in meeting these requirements and how the Respondent will address these anticipated problems.
7. **Minimum Submission Qualifications Requirements.** Respondents must include the Executive Summary response, immediately above, as well as a response to the minimum submission responses below:

- Experience with Organizational Change Management for major technology initiatives with references for work accomplished
 - Experience with Medicaid, HHS, or Healthcare IT programs and technology projects with references for work accomplished
 - Key or Lead OCM vendor staff with education and/or years of experience which qualify them for the proposed positions
 - The ability to build a team to fulfill both OCM and technical roles for the staffing requirements listed in this document, and demonstrate that the proposed team is highly skilled and experienced to complement each other's talents, minimize project risk, and work cohesively with the CT METS program to address OCM and Medicaid/HHS/Healthcare IT programmatic functions
8. **Attachments.** Attachments other than the required, as stated in the guidelines and Proposal Outline, will not be evaluated. Further, the required Appendices or Forms must not be altered or used to extend, enhance, or replace any component required by this RFP. Failure to abide by these instructions will result in disqualification.
9. **Subcontractors.** If the Respondent is proposing the use of one or more subcontractors to provide all or part of the OCM services as part of its proposal, each subcontractor must be identified in the proposal. All subcontracts are subject to DSS' approval, and the prime contractor is responsible for contract performance, whether or not subcontractors are used.

A responsive proposal must include the following information about each proposed subcontractor.

- a. A [Subcontractor Profile](#), which is embedded in this section as a hyperlink, shall be included in the Proposal Outline. The Subcontractor Profile must be signed by an authorized official of the proposed subcontractor.
 - b. A draft subcontract or other draft terms of agreement, if available, between the Respondent and the proposed subcontractor shall be included in the Technical Proposal
- Appendix 9 b. Draft Subcontract.** If such information is not yet available, please include an estimated full time equivalents, and job description for individuals subcontracted by the Participating Entity.

Selected Respondents shall be required to submit a copy of a final written agreement with each subcontractor prior to contract execution.

10. **Style Requirements.** Submitted proposals must conform to the following specifications:

Paper Size: 8½" x 11", "portrait" orientation
 Font Size: Minimum of 12-point
 Font Type: Arial
 Margins: All s shall be a minimum one inch (1") margins.
 Line Spacing: Single-spaced

Pagination: The Respondent's name must be displayed in the header of each page. All pages, from the Cover Sheet through the required Appendices and Forms, must be numbered consecutively in the footer.

Any received proposal that does not conform to these instructions will be opened as general e-mail. Such a proposal may be accepted by the Department as a clerical function, but it will not be evaluated.

E. EVALUATION OF PROPOSALS

Evaluation Process. It is the intent of the Department to conduct a comprehensive, fair, and impartial evaluation of proposals received in response to this RFP. When evaluating proposals,

negotiating with successful Respondents, and offering the right to negotiate a contract, the Department will conform with its written procedures for Purchase of Service (POS) procurements (pursuant to C.G.S. § 4-217) and the State's Code of Ethics (pursuant to C.G.S. §§ 1-84 and 1-85).

Evaluation Team. The Department will designate an Evaluation Team to evaluate proposals submitted in response to this RFP. The contents of all submitted proposals, including any confidential information, will be shared with the Evaluation Team. Only proposals found to be responsive (that is, complying with all instructions and requirements described herein) will be reviewed, rated, and scored. Proposals that fail to comply with all instructions will be rejected without further consideration. Attempts by any Respondent (or representative of any Respondent) to contact or influence any member of the Evaluation Team may result in disqualification of the Respondent.

Minimum Submission Qualification Requirements. All proposals must comply with the requirements specified in this RFP. To be eligible for evaluation, proposals must (1) be received on or before the due date and time; (2) meet the Proposal Format requirements; (3) follow the required Proposal Outline; (4) be complete and (5) meet the requirements listed in Minimum Submission Qualification Requirements. Proposals that fail to follow instructions or satisfy these minimum submission requirements will not be reviewed further. The Department will reject any proposal that deviates significantly from the requirements of this RFP.

Evaluation Criteria. Proposals meeting the Minimum Submission Qualification Requirements will be evaluated according to the established criteria. The criteria are the objective standards that the Evaluation Team will use to evaluate the technical merits of the proposals, which are expected to include the Respondent's approach to:

- A. Technical Proposal
 - Tasks in Scope of Work
 - OCM Engagement
 - Assessment and Implementation of Re-organization Plan
 - Leadership Planning and Stakeholder Engagement
 - Change Management and Communication Plan
 - Training Plan
 - Project Management and Governance
 - Key Personnel
 - Project Performance Standards

Reminder: Respondents that propose the use of subcontractor(s) shall present the required information about the proposed subcontractor(s).

- B. Cost Proposal
 - Financial Requirements
 - Audited Financials
 - Budget Requirements
- C. Oral Presentation (If requested by the Department)

Reminder: The Financial Requirements and Budget Requirements will only be evaluated for Respondents that have achieved a minimum of 70% of the available points in all prior criteria.

Proposals will be evaluated against the questions below:

A. Experience and Qualifications

- 1) Questions regarding the personnel:
 - a) Do the individuals assigned to the project have experience on similar projects?

- b) Are resumes complete and do they demonstrate backgrounds that would be desirable for individuals engaged in the work the project requires?
 - c) How extensive is the applicable education and experience of the personnel designated to work on the project?
 - d) How much experience do the key personnel have working with state government executives and stakeholders to support major technology initiatives?
- 2) Questions regarding the firm and subcontractor:
 - a) How well has the firm demonstrated experience in completing similar projects on time and within budget?
 - b) How successful is the general history of the firm regarding timely and successful completion of projects?
 - c) Has the firm provided letters of reference from previous clients?
 - d) If a subcontractor will perform work on the contract, how well do they measure up to the evaluation used for the Respondent?
- B. Understanding of the Project**
 - 1) How well has the Respondent demonstrated a thorough understanding of the purpose and scope of the project?
 - 2) How well has the Respondent identified pertinent issues and potential problems related to the project?
 - 3) To what degree has the Respondent demonstrated an understanding of the deliverables the state expects it to provide?
 - 4) Has the Respondent demonstrated an understanding of the state's time schedule and whether the Respondent can meet it?
- C. Management Plan for the Project**
 - 1) How well does the management plan support all of the project requirements and logically lead to the deliverables required in the RFP?
 - 2) How well is accountability completely and clearly defined?
 - 3) Is the organization of the project team clear?
 - 4) How well does the management plan illustrate the lines of authority and communication?
 - 5) To what extent does the Respondent already have the staff, tools, and experience necessary to perform the contract?
 - 6) Does it appear that the Respondent can meet the schedule set out in the RFP?
 - 7) Has the Respondent gone beyond the minimum tasks necessary to meet the objectives of the RFP?
 - 8) To what degree is the proposal practical and feasible?
 - 9) To what extent has the Respondent identified potential problems and mitigations?
- D. Methodology Used for the Project**
 - 1) How comprehensive is the methodology and does it depict a logical approach to fulfilling the requirements of the RFP?
 - 2) How well does the methodology match and achieve the objectives set out in the RFP?
 - 3) Does the methodology interface with the time schedule in the RFP?

After evaluation of criteria for the Technical Proposal, the Cost Proposal of each Respondent will be evaluated. Selected Respondents may be invited to make Oral Presentations, at the State's option, to elaborate on their capabilities, introduce key proposed personnel, and address any questions or concerns before the selection of an OCM vendor is made.

Respondent Selection. Upon completing its evaluation of proposals, the Evaluation Team will submit the rankings of all proposals to the Department head. The final selection of a successful Respondent is at the discretion of the Department head. Any Respondent selected will be so notified and offered an opportunity to negotiate a contract with the Department.

Such negotiations may, but will not automatically, result in a contract. Any resulting contract will be posted on the State Contracting Portal. All unsuccessful Respondents will be notified by email or U.S. mail, at the Department's discretion, about the outcome of the evaluation and Respondent selection process.

Debriefing. After receiving notification from the Department, any Respondent may contact the Official Contact and request a Debriefing of the procurement process and its proposal. If Respondents still have questions after receiving this information, they may contact the Official Contact and request a meeting with the Department to discuss the procurement process. The Department shall schedule and conduct Debriefing meetings that have been properly requested, within fifteen (15) days of the Department's receipt of a request. The Debriefing meeting must not include or allow any comparisons of any proposals with other proposals, nor should the identity of the evaluators be released. The Debriefing process shall not be used to change, alter, or modify the outcome of a competitive procurement. More detailed information about requesting a Debriefing may be obtained from the Official Contact.

Appeal Process. Any time after the submission due date, but not later than thirty (30) days after the Department notifies Respondents about the outcome of a competitive procurement, Respondents may submit an Appeal to the Department. The email sent date or the postmark date on the notification envelope will be considered "day one" of the thirty (30) days. Respondents may appeal any aspect of the Department's competitive procurement; however, such Appeal must be in writing and must set forth facts or evidence in sufficient and convincing detail for the Department to determine whether during any aspect of the competitive procurement there was a failure to comply with the State's statutes, regulations, or standards concerning competitive procurement or the provisions of the RFP. Any such Appeal must be submitted to the Agency Head with a copy to the Official Contact. The Respondent must include the basis for the

Appeal and the remedy requested. The filing of an Appeal shall not be deemed sufficient reason for the Department to delay, suspend, cancel, or terminate the procurement process or execution of a contract. More detailed information about filing an Appeal may be obtained from the Official Contact.

Contest of Solicitation or Contract Offer. Section 4e-36 of the Connecticut General Statutes provides that "Any bidder or proposer on a state contract may contest the solicitation or award of a contract to a subcommittee of the State Contracting Standards Board..." More detailed information is available on the State Contracting Standards Board web site at <http://www.ct.gov/scsb/site/default.asp>.

Contract Execution. Any contract developed and executed as a result of this RFP is subject to the Department's contracting procedures, which may include approval by the Office of the Attorney General (OAG).

II. Mandatory Provisions

A. STANDARD CONTRACT, PARTS I AND II

By submitting a proposal in response to this RFP, the Respondent implicitly agrees to comply with the provisions of Parts I and II of the Department's "standard contract":

Part I of the standard contract is maintained by the Department and will include the scope of services, contract performance, quality assurance, reports, terms of payment, budget, and other program-specific provisions of any resulting contract. A sample of Part I is available from the Department's Official Contact upon request.

Part II of the standard contract is maintained by Office of Policy and Management (OPM) and includes the mandatory terms and conditions of the contract, including termination procedures.

Part II is available on OPM's website at: [OPM: POS Standard Contract Part II](#) and [POS Standard Template, Effective June 1, 2018](#)

Note: Included in Part II of the standard contract is the State Elections Enforcement Commission's (SEEC's) notice (pursuant to C.G.S. § 9-612(g)(2)) advising executive branch State contractors and prospective State contractors of the ban on campaign contributions and solicitations. If a Respondent is offered an opportunity to negotiate a contract with the Department and the resulting contract has an anticipated value in a calendar year of \$50,000 or more, or a combination or series of such agreements or contracts has an anticipated value of \$100,000 or more, the Respondent must inform the Respondent's principals of the contents of the SEEC notice.

Part I of the standard contract may be amended by means of a written instrument signed by the Department, the selected Respondent (contractor), and, if required, the OAG. Part II of the standard contract may be amended only in consultation with, and with the approval of, OPM and OAG.

B. ASSURANCES

By submitting a proposal in response to this RFP, a Respondent implicitly gives the following assurances:

- 1 **Collusion.** The Respondent represents and warrants that the Respondent did not participate in any part of the RFP development process and had no knowledge of the specific contents of the RFP prior to its issuance. The Respondent further represents
 - and warrants that no agent, representative, or employee of the State participated directly in the preparation of the Respondent's proposal. The Respondent also represents and
 - warrants that the submitted proposal is in all respects fair and is made without collusion
 - or fraud.
- 2 **State Officials and Employees.** The Respondent certifies that no elected or appointed official or employee of the State has or will benefit financially or materially from any contract resulting from this RFP. The Department may terminate a resulting contract if it is determined that gratuities of any kind were either offered or received by any of the aforementioned officials or employees from the Respondent, contractor, or its agents or employees.
 - **Competitors.** The Respondent assures that the submitted proposal is not made in connection with any competing organization or competitor submitting a separate proposal in response to this RFP. No attempt has been made, or will be made, by the Respondent to induce any other organization or competitor to submit, or not submit, a proposal for the purpose of restricting competition. The Respondent further assures that the proposed costs have been arrived at independently, without consultation, communication, or agreement with any other organization or competitor for the purpose of restricting competition. Nor has the Respondent knowingly disclosed the proposed costs on a prior basis, either directly or indirectly, to any other organization or competitor.
 - **Validity of Proposal.** The Respondent certifies that the proposal represents a valid and binding offer to provide services in accordance with the terms and provisions described in this RFP and any amendments or attachments hereto. The proposal shall remain valid for a period of 180 days after the submission due date and may be extended beyond that time by mutual agreement. At its sole discretion, the Department may include the proposal, by reference or otherwise, into any contract with the successful Respondent.
- 3 **Press Releases.** The Respondent agrees to obtain prior written consent and approval of the Department for press releases that relate in any manner to this RFP or any resultant contract.

C. TERMS AND CONDITIONS

By submitting a proposal in response to this RFP, a Respondent implicitly agrees to comply with the following terms and conditions:

1. **Equal Opportunity and Affirmative Action.** The State is an Equal Opportunity and Affirmative Action employer and does not discriminate in its hiring, employment, or business practices. The State is committed to complying with the Americans with Disabilities Act of 1990 (ADA) and does not discriminate on the basis of disability in admission to, access to, or operation of its programs, services, or activities.
2. **Preparation Expenses.** Neither the State nor the Department shall assume any liability for expenses incurred by a Respondent in preparing, submitting, or clarifying any proposal submitted in response to this RFP.
3. **Exclusion of Taxes.** The Department is exempt from the payment of excise and sales taxes imposed by the Federal Government and the State. Respondents are liable for any other applicable taxes.
4. **Proposed Costs.** No cost submissions that are contingent upon a State action will be accepted. All proposed costs must be fixed through the entire term of the contract.
5. **Changes to Proposal.** No additions or changes to the original proposal will be allowed after submission. While changes are not permitted, the Department may request and authorize Respondents to submit written clarification of their proposals, in a manner or format prescribed by the Department, and at the Respondent's expense.
6. **Supplemental Information.** Supplemental information will not be considered after the deadline submission of proposals, unless specifically requested by the Department. The Department may ask a Respondent to give demonstrations, interviews, oral presentations, or further explanations to clarify information contained in a proposal. Any such demonstration, interview, or oral presentation will be at a time selected and in a place provided by the Department. At its sole discretion, the Department may limit the number of Respondents invited to make such a demonstration, interview, or oral presentation and may limit the number of attendees per Respondent.
7. **Presentation of Supporting Evidence.** If requested by the Department, a Respondent must be prepared to present evidence of experience, ability, data reporting capabilities, financial standing, or other information necessary to satisfactorily meet the requirements set forth or implied in this RFP. The Department may make onsite visits to an operational facility or facilities of a Respondent to evaluate further the Respondent's capability to perform the duties required by this RFP. At its discretion, the Department may also check or contact any reference provided by the Respondent.
8. **RFP Is Not An Offer.** Neither this RFP nor any subsequent discussions shall give rise to any commitment on the part of the State or the Department or confer any rights on any Respondent unless and until a contract is fully executed by the necessary parties. The contract document will represent the entire agreement between the Respondent and the Department and will supersede all prior negotiations, representations, or agreements, alleged or made, between the parties. The State shall assume no liability for costs incurred by the Respondent or for payment of services under the terms of the contract until the successful Respondent is notified that the contract has been accepted and approved by the Department and, if required, by the OAG.

D. RIGHTS RESERVED TO THE STATE

By submitting a proposal in response to this RFP, a Respondent implicitly accepts that the following rights are reserved to the State:

1. **Timing Sequence.** The timing and sequence of events associated with this RFP shall

ultimately be determined by the Department.

2. **Amending or Canceling RFP.** The Department reserves the right to amend or cancel this RFP on any date and at any time, if the Department deems it to be necessary, appropriate, or otherwise in the best interests of the State.
3. **No Acceptable Proposals.** In the event that no acceptable proposals are submitted in response to this RFP, the Department may reopen the procurement process, if it is determined to be in the best interests of the State.
4. **Contract Offer and Rejection of Proposals.** The Department reserves the right to offer in part, and/or to reject any and all proposals in whole or in part, for misrepresentation or if the proposal limits or modifies any of the terms, conditions, or specifications of this RFP. The Department may waive minor technical defects, irregularities, or omissions, if in its judgment the best interests of the State will be served. The Department reserves the right to reject the proposal of any Respondent who submits a proposal after the submission date and time
5. **Reciprocal Preference Statute and Resident Bidder Status.** The following statute is included in this RFP as information to the Bidder/Respondent: Connecticut Public Act 08-154, embedded as the following hyperlink, [PA 08-154 \(SB 679\)](#), enacted a reciprocal preference statute which states that if a bidder that is not from Connecticut, a “nonresident bidder,” bids on a Connecticut procurement, and the bidder comes from a state that disadvantages nonresident bidders by adding a percent increase to the total cost of the out-of-state bidder's proposal, Connecticut state agencies will apply the same percent increase to the nonresident bidder's Cost Proposal that the home state of the nonresident bidder would apply to a nonresident bidder's Cost Proposal.
6. **Sole Property of the State.** All proposals submitted in response to this RFP are to be the sole property of the State. Any product, whether acceptable or unacceptable, developed under a contract executed as a result of this RFP shall be the sole property of the State, unless stated otherwise in this RFP or subsequent contract. The right to publish, distribute, or disseminate any and all information or reports, or part thereof, shall accrue to the State without recourse.
7. **Contract Negotiation.** The Department reserves the right to negotiate or contract for all or any portion of the services contained in this RFP. The Department further reserves the right to contract with one or more Respondent(s) for such services. After reviewing the scored criteria, the Department may seek Best and Final Offers (BFO) on cost from Respondents. The Department may set parameters on any BFOs received.
8. **Clerical Errors in Contract Offer.** The Department reserves the right to correct inaccurate contract offers resulting from its clerical errors. This may include, in extreme circumstances, revoking the offer of a contract already made to a Respondent and subsequently offering the contract to another Respondent. Such action on the part of the State shall not constitute a breach of contract on the part of the State since the contract with the initial Respondent is deemed to be void ab initio and of no effect as if no contract ever existed between the State and the Respondent.
9. **Key Personnel.** When the Department is the sole funder of a purchased service, the Department reserves the right to approve any additions, deletions, or changes in key personnel, with the exception of key personnel who have terminated employment. The Department also reserves the right to approve replacements for key personnel who have terminated employment. The Department further reserves the right to require the removal and replacement of any of the Respondent's key personnel who do not perform adequately, regardless of whether they were previously approved by the Department.

DSS reserves the right to request the removal of Vendor's staff assigned to this project if

such removal is in the best interest of the State, CMS, and/or this engagement. The contractor may be required to relieve their personnel from any further work under the contract if the individual does not perform at the applicable skill level specified in the contractor's proposal or elsewhere in the contract; the individual does not deliver work that conforms to the performance standards stated in the proposal and elsewhere in the contract; or the person exhibits personal or professional conflicts with State personnel that hinder effective progress on the project. Upon being notified that a member of the contractor's personnel is unacceptable, the contractor must immediately remove that individual from any assignments on the contract. If a member of the contractor's personnel is removed pursuant to this paragraph, State approval is required prior to assigning replacement personnel to work on the project.

The OCM contractor is required to submit resumes and allow the State to interview applicants as part of the approval process. DSS requires the contractor to provide an interim resource within five business days for any key personnel vacancies, regardless of the reason for the vacancy.

E. STATUTORY AND REGULATORY COMPLIANCE

By submitting a proposal in response to this RFP, the Respondent implicitly agrees to comply with all applicable State and federal laws and regulations, including, but not limited to, the following:

1. **Freedom of Information, C.G.S. § 1-210(b).** The Freedom of Information Act (FOIA) generally requires the disclosure of documents in the possession of the State upon request of any citizen, unless the content of the document falls within certain categories of exemption, as defined by C.G.S. § 1-210(b). Respondents are generally advised not to include in their proposals any confidential information. If the Respondent indicates that certain documentation is submitted in confidence, the State will endeavor to keep said information confidential to the extent permitted by law. The State has no obligation to initiate, prosecute, or defend any legal proceeding or to seek a protective order or other similar relief to prevent disclosure of any information pursuant to a FOIA request. The Respondent has the burden of establishing the availability of any FOIA exemption in any proceeding where it is an issue. While a Respondent may claim an exemption to the State's FOIA, the final administrative authority to release or exempt any or all material so identified rests with the State. In no event shall the State or any of its employees have any liability for disclosure of documents or information in the possession of the State and which the State or its employees believe(s) to be required pursuant to the FOIA or other requirements of law.
2. **Contract Compliance, C.G.S. § 4a-60 and Regulations of CT State Agencies §; 46a-68j-21 thru 43, inclusive.** CT statute and regulations impose certain obligations on State agencies (as well as Contractors and subcontractors doing business with the State) to ensure that State agencies do not enter into contracts with organizations or businesses that discriminate against protected class persons. Detailed information is available on Commission on Human Rights and Opportunities' web site at [Contract Compliance](#).

IMPORTANT NOTE: The Respondent shall upload the Workplace Analysis Affirmative Action Report through an automated system hosted by the Department of Administrative Services (DAS)/Procurement Division, and the Department of Social Services can review said document online. [Create a BizNet account for Doing Business with the State](#). BizNet is a central database and online informational tool for companies looking to do business with the State of Connecticut.

3. **Consulting Agreements, C.G.S. § 4a-81.** Proposals for State contracts with a value of \$50,000 or more in a calendar or fiscal year, excluding leases and licensing agreements of any value, shall require a consulting agreement affidavit attesting to whether any consulting agreement

has been entered into in connection with the proposal. As used herein "consulting agreement" means any written or oral agreement to retain the services, for a fee, of a consultant for the purposes of (A) providing counsel to a Contractor, vendor, consultant or other entity seeking to conduct, or conducting, business with the State, (B) contacting, whether in writing or orally, any executive, judicial, or administrative office of the State, including any Department, institution, bureau, board, commission, authority, official or employee for the purpose of solicitation, dispute resolution, introduction, requests for information or (C) any other similar activity related to such contract. Consulting agreement does not include any agreements entered into with a consultant who is registered under the provisions of C.G.S. Chapter 10 as of the date such affidavit is submitted in accordance with the provisions of C.G.S. § 4a-81. The Consulting Agreement Affidavit (OPM Ethics Form 5) is available on OPM's website at

http://www.ct.gov/opm/cwp/view.asp?a=2982&q=386038&opmNav_GID=1806

IMPORTANT NOTE: The Respondent shall upload the Consulting Agreement Affidavit (OPM Ethics Form 5) through an automated system hosted by the Department of Administrative Services (DAS)/Procurement Division, and the Department of Social Services can review said document online. [Create a BizNet account for Doing Business with the State is provided as a hyperlink](#). BizNet is a central database and online informational tool for companies looking to do business with the State of Connecticut.

4. **Limitation on Use of Appropriated Funds to Influence Certain Federal Contracting and Financial Transactions, 31 USC § 1352. The Respondent shall upload** a Certification Regarding Lobbying form that is available in the following hyperlink.
http://www.ct.gov/opm/cwp/view.asp?a=2982&q=386038&opmNav_GID=1806
attesting to the fact that none of the funds appropriated by any Act may be expended by the recipient of a Federal contract, grant, loan, or cooperative agreement to pay any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the: (A) awarding of any Federal contract; (B) making of any Federal grant; (C) making of any Federal loan; (D) entering into of any cooperative agreement; or (E) extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
5. **Gift and Campaign Contributions, C.G.S. §§ 4-250 and 4-252(c); Governor M. Jodi Rell's Executive Orders No. 1, Para. 8 and No. 7C, Para. 10; C.G.S. § 9-612(g)(2).** If a Respondent is offered an opportunity to negotiate a contract with an anticipated value of \$50,000 or more in a calendar or fiscal year, the Respondent shall fully disclose any gifts or lawful contributions made to campaigns of candidates for statewide public office or the General Assembly. Municipalities and CT State agencies are exempt from this requirement. The gift and campaign contributions certification (OPM Ethics Form 1) is available in the following hyperlink: http://www.ct.gov/opm/cwp/view.asp?a=2982&q=386038&opmNav_GID=1806

IMPORTANT NOTE: The selected Respondent shall upload the Gift and Campaign Contributions Certification (OPM Ethics Form 1) through an automated system hosted by the Department of Administrative Services (DAS)/Procurement Division prior to contract execution, and the Department of Social Services can review said document online. [Create a BizNet account for Doing Business with the State](#) is provided as a hyperlink. BizNet is a central database and online informational tool for companies looking to do business with the State of Connecticut.

6. **Nondiscrimination Certification, C.G.S. §§ 4a-60(a)(1) and 4a-60a(a)(1).** If a Respondent is offered an opportunity to negotiate a contract, the Respondent shall provide the Department with written representation or documentation that certifies the Respondent complies with the State's nondiscrimination agreements and warranties. A nondiscrimination certification is required for all State contracts – regardless of type, term,

cost, or value. Municipalities and CT State agencies are exempt from this requirement. The nondiscrimination certification forms are available in the following hyperlink:

http://www.ct.gov/opm/cwp/view.asp?a=2982&q=386038&opmNav_GID=1806

IMPORTANT NOTE: The selected Respondent shall upload the Nondiscrimination Certification through an automated system hosted by the Department of Administrative Services (DAS)/Procurement Division prior to contract execution, and the Department of Social Services can review said document online. [Create a BizNet account for Doing Business with the State](#) is provided as a hyperlink. BizNet is a central database and online informational tool for companies looking to do business with the State of Connecticut.

7. **Form 7. Iran Certification**

Rev.3/28/14  [Adobe.pdf](#)  [Word.doc](#)

Effective October 1, 2013, this form must be submitted for any large state contract, as defined in section 4-250 of the Connecticut General Statutes. This form must always be submitted with the bid or proposal, or if there was no bid process, with the resulting contract, regardless of where the principal place of business is located. Entities whose principal place of business is located outside of the United States are required to complete the entire form, including the certification portion of the form. United States subsidiaries of foreign corporations are exempt from having to complete the certification portion of the form. Those entities whose principal place of business is located inside of the United States must also fill out the form, but do not have to complete the certification portion of the form.

8. **Program Information:** General information about Connecticut DSS and CT METS is provided in **Preface and Section I**

The State of Connecticut will comply with the Code of Federal Regulations (CFR) and the State Medicaid Manual (SMM) citations and references listed in the Medicaid Management Information System Advanced Planning Document (MMIS APD) Template 2018, including:

Standards -

- 42 CFR 433, Subpart C
- 45 CFR Part 75
- 45 CFR 95
- 45 CFR Part 95, Subpart F
- OMB Circular A-87 (2 CFR 225)
- CMS Conditions and Standard
- MITA Medicaid Information Technology Architecture
- Chapter 11 Medicaid Management Information Systems

Access to Records, Reporting and Agency Attestations -

- 42 CFR Part 495.350
- 42 CFR Part 495.346
- 42 CFR Part 433.112 (b)(5) – (9)
- 45 CFR Part 95.615
- SMM Section 11267

Software & Ownership Rights, Federal Licenses, Information Safeguarding, HIPAA Compliance, and Progress Reports -

- 42 CFR Part 495.360
- 45 CFR Part 95.617
- 42 CFR 431.300
- 42 CFR 433.112

Security and interface requirements to be employed for all State MMIS systems -
45 CFR 164 Securities and Privacy

Respondents must also certify compliance with any listed requirements that apply to the OCM scope of work for the CT METS project. Additionally, the selected Respondent must be aware of such requirements in conducting work pursuant to the resultant contract, and in working with other vendors to complete the CT METS project. Additional information about the citations is included in the Bidders' Library: <https://portal.ct.gov/DSS/CT-METS/Connecticut-Medicaid-Enterprise-Technology-System-CT-METS-Project/Bidders-library>

Each Respondent must complete a blank [MMIS APD template](#) and include it as an attachment to the Technical Proposal.

F. COST PROPOSAL shall be submitted separate and distinct from the Technical Proposal.

Financial Requirements. To submit a responsive proposal, THE RESPONDENT SHALL include the following information:

Audited Financial Statements

Submit one (1) copy of the Respondent's two (2) most recent annual financial statements prepared by an independent Certified Public Accountant, and reviewed or audited in accordance with Generally Accepted Accounting Principles (GAAP) (USA). The copies shall include all applicable financial statements, auditor's reports, management letters, and any corresponding reissued components. One (1) copy only shall be included with the original Cost Proposal.

If audited financial statements for each of the last two (2) fiscal years **were not prepared**, the Respondent shall provide comparable statements that will document the Respondent's financial stability. The additional documentation shall include, at a minimum:

- Unaudited balance sheets/Statement of Financial Position for the previous two (2) years.
- Unaudited income statements/Statement of Operations for the previous two (2) years.
- Cash flow statements for the previous two (2) years.
- IRS Form 990 for the previous two (2) years.
- Bank statements for all operating accounts for the previous twelve (12) months.
- Significant federal/state award letters.
- Description of major classes of payables including an accounts payable aging schedule.

The Department reserves the right to reject the proposal of any Respondent that is not financially viable based on the assessment of the annual financial statements.

Budget Requirements

The Cost Proposal will be used as the final representation of the Vendor's cost/price, and will be used during the Proposal evaluation. Additional information should be included as necessary to explain in detail the Vendor's cost/price. Pricing is to be the best and final price.

A responsive submission shall include a complete Commodity or Service Cost Worksheet as an appendix to this section of the proposal to reflect any fixed or deliverable-based costs for commodities/services such as project deliverables. A responsive submission must include a complete Proposed Staffing – Hours and Cost Worksheet to define the cost for each proposed level of staff for change orders that may be necessary during the engagement.. Examples of these worksheets are shown in the [Appendices](#).

The Vendor's response must specify a firm and fixed fee for completion of the OCM deliverables as a full-service model which includes any consultant services necessary to do the work. The awarded Vendor shall be responsible for the performance of all duties contained within this RFP for the firm and fixed price quoted in the Vendor's proposal to this RFP. The vendor's proposal for hourly staff rates will apply to exceptions such as change orders. or credits for key personnel vacancies.

Cost and Technical Proposals must be submitted separately. A Respondent's Technical Proposal must be deemed responsive before the Cost Proposal will be evaluated.

See [Appendix A Worksheet 1 and 2](#)

III. PROPOSAL OUTLINE

This section presents the **required** outline that must be followed when submitting a proposal in response to this RFP. Proposals must include a Table of Contents that exactly conforms to the required proposal outline (below). Proposals must include all the components listed below, in the order specified, using the prescribed lettering and numbering scheme. **Incomplete proposals will not be evaluated.**

- A. Technical Proposal
 - 1. [Cover Sheet](#)
 - 2. Table of Contents
 - 3. Executive Summary (4-page limit)
 - 4. Minimum Submission Qualifications Requirements (2-page limit)
 - 5. Tasks in Scope of Work
 - a. OCM Engagement (4-page limit)
 - b. Assessment and Implementation of Re-organization Plan (8-page limit)
 - c. Leadership Planning and Stakeholder Engagement (10-page limit)
 - d. Change Management and Communication Plan (6-page limit)
 - e. Training Plan (6-page limit)
 - 6. Project Management and Governance (5-page limit)
 - 7. Key Personnel (10-page limit)
 - a. Organizational Chart
 - b. Resumes (3-page limit per person)
 - c. Company References (3-page limit)
 - 8. Project Performance Standards (5-page limit)
 - 9. Sample Artifacts may be referenced in proposals for 5 through 8 above and attached in this section (15-page limit)
 - 10. Required Attachments/Appendices
 - a. Subcontractors Profile (If Applicable)
 - b. Draft Subcontractor Terms of Agreement (If Applicable) or estimated full time equivalents, and job description for individuals subcontracted (If Applicable)
 - c. Claim of Exemption from Disclosure
 - d. Conflict of Interest - Disclosure Statement
 - e. Form 7. Iran Certification
 - f. Code of Federal Regulations/State Medicaid Manual citations
 - g. Addendum Acknowledgement
- B. Cost Proposal
 - 1. Financial Requirements
 - a. Audited financial, statements, or acceptable documentation if audited financial statements were not prepared
 - 2. Appendix A, Worksheet 1 – Commodity or Service Cost Worksheet
 - 3. Appendix A, Worksheet 2 – Proposed Staffing – Hours and Cost
 - a. Budget Narrative (4-page limit)

C. **APPENDIX F-Task -6: Value Added Options (4-page limit)**

Note: Task 6 shall be submitted as a separate document.

Response Tables

Executive Summary. Respondents must include a high-level summary of their proposal, not exceeding four (4) pages. This component of the proposal should demonstrate the Respondent’s understanding of the requirements in this RFP and describe at a high level how the Respondent will meet these requirements. The Executive Summary should also describe any problems anticipated in meeting these requirements and how the Respondent will address these anticipated problems.

Respondent Name	
3. Executive Summary	
Response:	

Minimum Submission Qualifications Requirements.

The Respondent shall submit a brief overview/summary of the following minimum submission qualifications requirements.

- Experience with Organizational Change Management for major technology initiatives with references for work accomplished
- Experience with Medicaid, HHS, or Healthcare IT programs and technology projects with references for work accomplished
- Key or Lead OCM vendor staff with education and/or years of experience which qualify them for the proposed positions
- The ability to build a team to fulfill both OCM and technical roles for the staffing requirements listed in this document, and demonstrate that the proposed team is highly skilled and experienced to complement each other's talents, minimize project risk, and work cohesively with the CT METS program to address OCM and Medicaid/HHS/Healthcare IT programmatic functions

Respondent Name	
4. Minimum Submission Qualifications Requirements	
Response (2-page limit):	

NOTEWORTHY: “Sections” referenced in the following OCM requirements can be found in **Section 3. Scope of Work** of this RFP

To submit a responsive proposal, THE RESPONDENT SHALL provide the following information required in the tables below, regarding the administrative and operational capabilities of the Respondent.

Respondent Name	
5. Scope of Work TASK 1 As described in Task 1 - OCM Engagement in the Scope of Work section, DSS and the Connecticut EPMO follow the Project Management Institute’s project management methodology and Project Management Body of Knowledge (PMBOK). PM reporting regarding OCM work will conform to DSS/EPMO established style, as a subset of the overall program management. The OCM vendor is expected to work closely with the DSS project team, the EPMO, the SI and IV&V vendors as part of the foundational team, throughout the project lifecycle, to ensure defined processes and decisions made will deliver optimal results for the CT METS Program. <i>Provide a detailed description of bidder’s approach to launching OCM with a kickoff and interacting with foundational partners. Provide information about project management documentation, reports, meetings, control book, and other artifacts to be delivered during the engagement. The project narrative should describe, at a minimum, the bidder’s experience with similar work, their role in the project, work to be completed by the vendor, and the project outcome. (4-page limit)</i>	
Response:	

Respondent Name
<p>TASK 2</p> <p>As described in Task 2 - Assessment and Implementation of Re-organization Plan in the Scope of Work section, the OCM vendor will conduct business process mapping, assess current business processes, and determine current skill levels of staff to prepare recommendations for aligning the DSS organization with MITA and other national frameworks to leverage technology, both existing and planned with the CT METS project.</p> <p><i>Provide a detailed description of bidder's approach to formal mapping of business processes, developing process-aligned organization charts, and supporting DSS leadership in managing re-organization. The project narrative should describe, at a minimum, the bidder's experience with similar work, their role in the project, work to be completed by the vendor, and the project outcome. (8-page limit)</i></p> <p>Response:</p>

Respondent Name
<p>TASK 3</p> <p>As described in Task 3 - Leadership Planning and Stakeholder Engagement in the Scope of Work section, the CT METS project scope extends beyond Medicaid to incorporate DSS's full mission of social services with far-reaching effects on stakeholders in the state. Working with DSS, the OCM vendor will identify and engage stakeholders to educate them, identify and ameliorate their concerns, and plan sustained communications to maintain buy-in for the project.</p> <p><i>Provide a detailed description of bidder's approach to creating a strategic plan for stakeholder engagement. Provide information about bidder's typical methods to manage stakeholder encounters, analyze concerns and project issues, and develop methods to follow-up with each stakeholder group as needed throughout the engagement. The project narrative should describe, at a minimum, the bidder's experience with similar work, their role in the project, work to be completed by the vendor, and the project outcome. (10-page limit)</i></p>

Response:

Respondent Name	
TASK 4 As described in Task 4 - Change Management and Communication Plan in the Scope of Work section, the OCM project will include an organizational readiness assessment and analysis to generate a detailed change management plan with resource, implementation, and transition planning for the project. <i>Provide a detailed description of bidder's approach to formulate OCM change management and communications plans, and bidder's methods to analyze stakeholder readiness and address gaps to reduce project risks during design, development, and implementation phases. Provide information or example artifacts to be delivered during the engagement. The project narrative should describe, at a minimum, the bidder's experience with similar work, their role in the project, work to be completed by the vendor, and the project outcome. (6-page limit)</i>	
Response:	

Respondent Name	
<p>TASK 5</p> <p>As described in Task 5 - Training Plan in the Scope of Work section, the OCM vendor will plan and execute solutions for training requirements that result from the DSS transition to new processes, tools, and organization.</p> <p><i>Provide a detailed description of bidder's approach to training methodologies and training execution to support the new technology and new organization. Provide information about training for diverse user roles and skill levels, training materials and logistics, and methods for transitioning the Training Plan from the OCM vendor to the State at the end of the engagement. The project narrative should describe, at a minimum, the bidder's experience with similar work, their role in the project, work to be completed by the vendor, and the project outcome. (6-page limit)</i></p>	
<p>Response:</p>	

Respondent Name	
<p>6. Project Management and Governance</p> <p>DSS and the Connecticut EPMO follow the Project Management Institute's project management methodology and Project Management Body of Knowledge (PMBOK). PM reporting about OCM will conform to DSS/EPMO established style, as a subset of the overall program management. The OCM Vendor is expected to work closely with the DSS project team, the EPMO, the SI and IV&V vendors as part of the foundational team, throughout the project lifecycle, to ensure defined processes and decisions made will deliver optimal results for the CT METS Program. The State will require the successful Respondent to execute an associate contractor agreement to ensure effective collaboration and cooperation with other contractors.</p> <p>Since OCM work is not explicitly described in CMS's requirements, the OCM vendor should note the expectation for the IV&V vendor to perform IV&V reviews on OCM tasks, such as the formal mapping of Medicaid business processes, implementation of a new process-oriented organizational structure, DSS leadership planning, stakeholder engagement, and development of communication and training plans.</p>	

Provide a detailed description of bidder's experience and approach to ensure success of the project when working in a multi-vendor environment. Provide information regarding OCM project management documentation to support the larger CT METS program and integrated project management. The project narrative should describe, at a minimum, the bidder's experience with similar work, their role in the project, work to be completed by the vendor, and the project outcome. (5-page limit)

Evaluator: Score X
Evaluator Comments:

Respondent Name

7. Key Personnel

The OCM vendor will provide a resource management plan that includes a strategy for the organizational structure and team location(s) specifying in-State or out-of-State, and how this structure will contribute to project success; a description for maintaining appropriate staffing levels throughout the term of the Contract and adjusting its resources as necessary to maintain the required level of service; identification of sub-contractors, if any, and acknowledgement that the prime contractor is responsible for contract performance, whether or not subcontractors are used.

7.a. Organizational Chart

Provide a detailed description of bidder's resource management plan, including a proposed organizational chart for the bidder's team and planned utilization of subcontractors for this project. (10-page limit)

Response:

Evaluator: Score X
Evaluator Comments:

Respondent Name

7.b. Resumes

The OCM vendor will provide a resource management plan that includes submission of the resumes of contract staff proposed to work on the project for DSS review. The OCM vendor is required to provide highly qualified and experienced personnel because appropriate, skilled staff will reduce project risk. For key positions, the contractor must propose the actual personnel who will fulfill the obligations of the contract terms.

Provide resumes for bidder's proposed team, describing education, certification, and years of experience which qualify them for the proposed positions. Demonstrate that the proposed team is highly skilled and experienced to minimize project risk.
(3-page limit per person)

Response:

Respondent Name
<p>7.c. References</p> <p>The Respondent shall provide references for its previous work on similar complex projects where organizational change management supports technology change.</p> <p><i>Provide three (3) references (Client Name, Project Description, Budget, Dates, Lessons Learned, Client Contact Name/Title/Email/Phone Number,) from work performed as a prime vendor where similar services were required; including at least two references for OCM services performed within the last 8 years.</i></p> <p><i>Connecticut Contract Administration Unit Staff will contact references to confirm information provided by the Respondent and to evaluate performance elements such as: quality of services/work, timeliness of performance, cost control, business relations, and overall customer satisfaction.</i></p> <p>Response (3-page limit, one page per reference):</p> <p>Reference 1 –</p> <p>1. Client Organization:</p> <p>2. Project Description:</p> <p>3. Contract Number, Contract/Budget Amount, and Period of Performance:</p> <p>4. Lessons Learned:</p> <p>5. Client Contact Name and Title:</p> <p>6. Client Contact Email Address:</p> <p>7. Client Contact Telephone Number:</p>

Reference 2 –

1. Client Organization:

2. Project Description:

3. Contract Number, Contract/Budget Amount, and Period of Performance:

4. Lessons Learned:

5. Client Contact Name and Title:

6. Client Contact Email Address:

7. Client Contact Telephone Number:

Reference 3 –

1. Client Organization:

2. Project Description:

3. Contract Number, Contract/Budget Amount, and Period of Performance:

4. Lessons Learned:

5. Client Contact Name and Title:

6. Client Contact Email Address:

7. Client Contact Telephone Number:

Respondent Name	
<p>8. Project Performance Standards</p> <p>The Technical Proposal must describe how the OCM vendor will meet all tasks, requirements, and deliverables from section 3. Scope of Work above, plus the requirements for Acceptance of Deliverables, Privacy and Security, and Logistics described in section 7, including performance standards for the OCM engagement.</p> <p><i>Provide a detailed description of bidder's methods to ensure successful submission and approval of project deliverables monthly and final reporting at the close of the OCM contract. Provide information regarding protection of the State's and third-party assets, intellectual, and physical property to comply with applicable State and federal regulations, and training requirements. Provide information about logistics required for Respondent's personnel. The project narrative should describe, at a minimum, the bidder's approach to setting and maintaining performance standards and their recommendations for Service Level Agreements for timely deliverable and work product review/approval processes. (5-page limit)</i></p>	
<p>Response:</p>	

COST PROPOSAL (To be submitted separate from Technical Proposal)

Audited Financial Statements

Submit one (1) copy of the Respondent's two (2) most recent annual financial statements prepared by an independent Certified Public Accountant, and reviewed or audited in accordance with Generally Accepted Accounting Principles (GAAP) (USA). The copies shall include all applicable financial statements, auditor's reports, management letters, and any corresponding reissued components. One (1) copy only shall be included with the original Cost Proposal. If audited financial statements for each of the last two (2) fiscal years were not prepared, the Respondent shall provide comparable statements that will document the Respondent's financial stability. The additional documentation shall include, at a minimum:

- Unaudited balance sheets/Statement of Financial Position for the previous two (2) years.
- Unaudited income statements/Statement of Operations for the previous two (2) years.
- Cash flow statements for the previous two (2) years.
- IRS Form 990 for the previous two (2) years.
- Bank statements for all operating accounts for the previous twelve (12) months.
- Significant federal/state award letters.
- Description of major classes of payables including an accounts payable aging schedule.

Appendices

Complete the cost table(s) below and include in the Cost Proposal submission as described in section 4. **Cost Model and Budgeting Specifications**, above. The Respondent must provide a budget narrative to support the cost tables with additional information by line item as necessary to explain in detail the Vendor's cost/price. Overall narrative is limited to four (4) pages.. An example for Worksheet 2 might be a staffing line item to elaborate on a person who will perform more than one role that needs clarifying narrative.

Enter the price of each deliverable.

I. Appendix A, Worksheet 1 – Commodity or Service Cost Worksheet

#	Commodity or Service (Project Deliverable - name/quantity/rate)	Cost Year 1	Cost Year 2	Cost Year 3	Total \$
1	Kickoff		XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX	
2	Project Management Documentation				
3	Reports and Meetings				
4	Control Book				
5	Business Process Maps				
6	Organization Chart Recommendations				
7	Implementation Support for				

	Leadership				
8	Strategic Plan				
9	Stakeholder List				
10	Analysis of Stakeholder Feedback				
11	Change Management Plan				
12	Communication Plan				
13	Summary Analysis of Readiness Data				
14	Proposal to Close Gaps in Readiness				
15	Training Needs Assessment				
16	Training Plan				
17	Training Delivery				
	Totals:				GRAND TOTAL FIRM AND FIXED PRICE \$0

II. Appendix A, Worksheet 2 – Proposed Staffing – Hours and Cost

Enter the rates for proposed staff or roles utilized to perform deliverables, change orders and, one hourly rate for each job title

#	Staff Name	Project Title/Role	Hourly Rate	Total \$
1				
2				
3				
4				
Totals:				\$0

III. Appendix B - Cover Sheet - CT METS OCM RFP

COVER SHEET

STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES

CT METS OCM RFP 12212018: Connecticut Medicaid Enterprise Technology System Organizational Change Management

		() -
--	--	-------

Primary Business Name FEIN Telephone Number

	,	
--	---	--

Business Address Town, State Zip Code

Contact Person (*Individual who can provide additional information about the proposal or who has immediate responsibility for the proposal*):

		() -
--	--	-------

Name Title Telephone Number

	,	
--	---	--

Street Address Town, State Zip Code

	() -
--	-------

E-mail Address Facsimile Number

Authorized Official (*Individual empowered to enter into and amend contractual instruments in the name and on behalf of the Contractor*):

		() -
--	--	-------

Name Title Telephone Number

	,	
--	---	--

Street Address Town, State Zip Code

	() -
--	-------

E-mail Address Facsimile Number

--

Signature

IV. Appendix C - Subcontractor Profile

**STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES**

**CT METS OCM RFP 12212018:
Connecticut Medicaid Enterprise Technology System
Organizational Change Management**

Request for Proposals -

Subcontractor Profile
(Complete for proposed subcontractor)

Legal Name of Respondent (Lead Organization):

Legal Name of Subcontractor:

Subcontractor Federal Employer Identification Number (FEIN), DUNS, CFDA:

Subcontractor Mailing Address: _____

Contact Name: _____

Title: _____

Telephone Number:

Fax Number:

E-mail Address:

Term of Subcontract:

Brief Description of Service(s) to be provided by Subcontractor:

Person Authorized to Sign Subcontract

Name: _____

Title: _____

Date: _____

Signature:

V. Appendix D - Medicaid Management Information System Advanced Planning Document (MMIS APD) Template 2018

<i>CFR/SMM Reference</i>	<i>YES</i>	<i>NO</i>	<i>If response is "no," provide an explanation.</i>
<i>Standards</i>			
42 CFR 433, Subpart C	<input type="checkbox"/>	<input type="checkbox"/>	
45 CFR Part 75	<input type="checkbox"/>	<input type="checkbox"/>	
45 CFR 95	<input type="checkbox"/>	<input type="checkbox"/>	
45 CFR Part 95, Subpart F	<input type="checkbox"/>	<input type="checkbox"/>	
OMB Circular A-87 (2 CFR 225)	<input type="checkbox"/>	<input type="checkbox"/>	
CMS Conditions and Standard	<input type="checkbox"/>	<input type="checkbox"/>	
MITA Medicaid Information Technology Architecture	<input type="checkbox"/>	<input type="checkbox"/>	
Chapter 11 Medicaid Management Information Systems	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Access to Records, Reporting and Agency Attestations</i>			
42 CFR Part 495.350	<input type="checkbox"/>	<input type="checkbox"/>	
42 CFR Part 495.346	<input type="checkbox"/>	<input type="checkbox"/>	
42 CFR Part 433.112(b)(5) – (9)	<input type="checkbox"/>	<input type="checkbox"/>	
45 CFR Part 95.615	<input type="checkbox"/>	<input type="checkbox"/>	
SMM Section 11267	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Software & Ownership Rights, Federal Licenses, Information Safeguarding, HIPAA Compliance, and Progress Reports</i>			
42 CFR Part 495.360	<input type="checkbox"/>	<input type="checkbox"/>	
45 CFR Part 95.617	<input type="checkbox"/>	<input type="checkbox"/>	
42 CFR Part 431.300	<input type="checkbox"/>	<input type="checkbox"/>	
42 CFR Part 433.112	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Security and interface requirements to be employed for all State MMIS systems</i>			
45 CFR 164 Securities and Privacy	<input type="checkbox"/>	<input type="checkbox"/>	

Section IX: Assurances, Security, Interface Requirements, and Disaster Recovery Procedures

VI. Appendix E, Abbreviations/Acronyms/Definitions

Acronym	Definition
BEST	Bureau of Enterprise Systems and Technologies
CFR	Code of Federal Regulations
CGS	Connecticut General Statutes
CHIP	Children's Health Insurance Program
CMCS	Centers for Medicaid and CHIP Services
CMS	Centers for Medicare and Medicaid Services
Contractor	A private, public, non-profit, for profit organization that enters into a contract with the Department as a result of this RFP
CT	Connecticut
CT METS	Connecticut Medicaid Enterprise Technology System
DAS	Department of Administrative Services
DDI	Design, Development, and Implementation
DSS	Department of Social Services
EDI	Electronic Data Interchange
IV&V	Independent Verification and Validation
MECL	Medicaid Enterprise Certification Lifecycle
MECT	Medicaid Enterprise Certification Toolkit
MITA	Medicaid Information Technology Architecture
MMIS	Medicaid Management Information System
NHSIA	National Human Services Interoperability Architecture
NIST	National Institute of Standards and Technology
OCM	Organizational Change Management
OPM	Office of Policy and Management
PM	Project Management
PMBOK	Project Management Body of Knowledge
PMI	Project Management Institute
Prospective Respondent	A private, public, non-profit, or for profit organization that may submit a proposal to the Department in response to this RFP, but has not yet done so
Respondent	A private, public, non-profit, or for profit organization that has submitted a proposal to the Department in response to this RFP
RFP	Request for Proposals
SAMHSA	Substance Abuse and Mental Health Services Administration
SI	Systems Integrator
SME	Subject Matter Expert
SOW	Statement of Work
Subcontractor	An individual (other than an employee of the Respondent) or business entity hired by a Respondent to provide a specific service as part of a contract with the Department as a result of this RFP
Vendor	A private, public, non-profit, for profit organization that enters into a contract with the Department as a result of this RFP

VII. APPENDIX F, Task 6

RESPONDENT, PLEASE NOTE THAT TASK 6 SHALL BE SUBMITTED TO THE OFFICIAL CONTACT AS A SEPARATE DOCUMENT, LABELED APPENDIX F, TASK 6.

TASK 6

As described in Task 6 – Value Added Options in the Scope of Work section, the OCM Respondent shall specify optional services to address relevant matters that have not been anticipated in this RFP but contribute to successful DSS stakeholder engagement, communications, and training, as well as any steps to reduce risk to the project’s quality and continuity, and proposed timelines if appropriate.

Provide a detailed description of bidder’s suggestion for optional OCM services to be performed. The project narrative should describe, at a minimum, the bidder’s experience with similar work, their role in the project, work to be completed by the vendor, and the project outcome. (4-page limit)

Enter the rates for proposed staff or roles utilized to perform Task 6, Value Added Options.

Staff Hourly Rate and Workload Estimates					
#	Staff Name	Project Title/Role	Hourly Rate	Estimated Hours	Total \$
1					
2					
3					
4					
Totals:				0	\$0